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# A Feminist Action Research Project: Creating a Practical Support Program for the Georgia Reproductive Justice Access Network

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A FEMINIST ACTION RESEARCH PROJECT: CREATING A PRACTICAL SUPPORT PROGRAM FOR  
THE GEORGIA REPRODUCTIVE JUSTICE ACCESS NETWORK

by

MELINDA MCKEW

Under the Direction of Megan Sinnott

ABSTRACT

The purpose of this feminist action research project was to produce a practical support volunteer training and manual for the Georgia Reproductive Justice Access Network (GRJAN). Founded in 2011, GRJAN is a grassroots, reproductive justice abortion fund that provides abortion funding and until 2012, practical support (lodging, transportation, and childcare) to low-income individuals seeking abortion services in Atlanta, GA. The resultant thesis is a reflective essay upon the project, documenting and analyzing the successes and failures of the project as well as discussing the limitations of pursuing feminist activist work within the academy.

INDEX WORDS: Feminism, Action research, Abortion, Reproductive justice, Activism

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THE GEORGIA REPRODUCTIVE JUSTICE ACCESS NETWORK

by

MELINDA MCKEW

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

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2013

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THE GEORGIA REPRODUCTIVE JUSTICE ACCESS NETWORK

by

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## **DEDICATION**

I dedicate this project to all those who wish to pursue “a road less traveled” in the academy.

## **ACKNOWLEDGEMENTS**

I would like to thank my committee chair, Professor Megan Sinnott, for her willingness to work with me on such a non-traditional thesis option. I would also like to thank my committee members, Professors Amira Jarmakani and Julie Kubala, for their guidance with the project. And perhaps most importantly, I would like to express my deepest appreciation to my undergraduate mentor, Professor Seretha Williams, who showed me that theory without praxis means little in a world so dominated by oppression.

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## **1 INTRODUCTION**

I was invited to join the Georgia Reproductive Justice Access Network (GRJAN) in December 2011, when Elizabeth “Betty” Barnard, one of GRJAN’s founders, approached me at an abortion rights’ advocacy event and asked me to become a board member for the organization. I was excited to be part of such a grassroots organization that rooted itself within the reproductive justice framework, consciously distancing itself from the problematic rhetoric of “choice” that dominates most mainstream abortion rights’ organizations. After all, a person’s socioeconomic status and geographical location greatly delimit the possibility “to choose.” For example, low-income people living in rural areas have to surmount both the considerable cost of an abortion - an average first-trimester abortion costs \$451 - and the distance to get to an abortion provider - 87% of people live in counties without abortion providers (Guttmacher Institute, 2011). Shortly thereafter, I joined GRJAN’s board, collaborating with a team of five other young cis-women to provide abortion funding and practical support programming (housing, transportation, and childcare) to low-income people seeking abortion care at the Feminist Women’s Health Center (FWHC) in Atlanta, Georgia (GA). I looked forward to being a part of an organization where I would have the opportunity to work one-on-one with people experiencing abortion. As someone who had an overwhelmingly negative abortion experience characterized by stigma, shame, and silence, I looked forward to caring for others going through difficulties before, during, and after their abortions.

Very quickly, however, it became apparent to me, and the rest of the board, that GRJAN’s practical support programming needed to be evaluated and redeveloped. Practical support volunteers, including myself, were not being properly trained on how to provide comprehensive and holistic care for our clients, who may struggle emotionally and spiritually

with their decisions to terminate their pregnancies. As a result, in the summer of 2012, the board unanimously agreed to suspend GRJAN's practical support programming.

One case, in particular, made us realize the limitations of GRJAN's practical support program. As one of a few practical support volunteers available for the duration of the case, I stayed overnight with our client, who was having a later-term abortion.<sup>1</sup> A two-day procedure, FWHC required that someone be present with hir throughout the night in case of a medical emergency.<sup>2</sup> As such, I spent nearly 14 hours with our client—eating dinner together, talking about our lives, laughing about outrageous reality television shows, and discussing the cultural atmosphere of stigma around abortion.

Luckily, our client was familiar with abortion procedures and remained relatively calm throughout our interactions together. But for all of our client's patience and flexibility, the case did not proceed as smoothly as had been anticipated. Volunteers who agreed to help either "bailed" at the last minute or, as was most often the case, were so overwhelmed with caring for someone that they were of little help to me or the client. As the only practical support volunteer who had extensive interactions with the client, I had several pressing concerns—the most pressing of which was that our practical support volunteers were not being trained on how to support people who may experience emotional and/or spiritual difficulties throughout their abortions. While our client was generally relaxed during our time together, there were indubitably moments of frustration and anxiety on the part of our client—feelings that our practical support manual and training did not adequately address.

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<sup>1</sup> The details of the case, including any identifying client information, have been purposefully changed so as to protect the confidentiality of GRJAN's clientele.

<sup>2</sup> When referencing clients at GRJAN, I will make use of gender-neutral pronouns (hir, zie). GRJAN remains dedicated to pursuing a mission of gender inclusivity, and as such, we deploy gender-neutral pronouns so as not to exclude or offend our clients, who may be transgendered, transsexual, and/or genderqueer.

For example, at one point in the evening, our client broached the topic of spiritual guilt, asking me, “Do you think that God will take away one of my children because I’m aborting this one? I know it’s a crazy fear, but I still worry about it.” Somewhat blindsided by hir question, I simply shook my head and responded, “No, I don’t think God would do something like that. He doesn’t work like that.” I knew that zie was confident in hir decision to abort since the clinic would not allow hir to have an abortion if zie expressed otherwise, but as I fell asleep on the hotel floor later that evening, I wondered, “What if our client was not so relaxed? What if zie had been scared or in severe religious and moral doubt? Would I have been able to address hir needs as well? If I were in hir position, what type of volunteer would I want to have?”

It was then that we realized that providing “practical support” must include providing emotional and spiritual care—something the original founders of GRJAN had not quite anticipated. Like many medical decisions, abortion is fraught with personal, emotional, spiritual, moral, and religious ambiguities for the individual, hir family, and hir community. As Judith Arcana (2007) so beautifully writes in *Abortion is a Motherhood Issue*:

Choosing to abort a child is a profoundly made life choice for that child, a choice made by a woman or a girl...And whatever our religious teachings and spiritual commitments, we have never not known that choosing to abort our babies is a dreadful responsibility. We have accepted that responsibility—many of us have even accepted eternal damnation—because we believe that the choice we are making is the best one for ourselves and our babies. (p. 226)

In other words, our clients need volunteers who are well-versed and well-trained in the complexities of the abortion experience so as to serve the needs of our clients.

I agreed to spearhead the redevelopment of GRJAN’s practical support program, and I suspected that a doula model would be the most useful in developing such a program.

Although generally associated with birth, doulas are usually women, who aid other women through the birthing process, paying attention to pregnant women's holistic experiences of birth—physical, mental, emotional, and spiritual (DONA International, 2005, para. 1). In recent years, the New York-based Doula Project has trained volunteers to be abortion doulas. In this way, the immediate goal of this project was to create a practical support volunteer training and manual that used a doula approach, thereby helping GRJAN to offer holistic and comprehensive abortion care to our clients.

I formulated the practical support redevelopment project as “feminist participatory action research,” working in conjunction with GRJAN to enact social change by crafting a practical support volunteer training that attended to the comprehensive needs of GRJAN's clients. More specifically, I designed this project so as to provide other abortion activists with tools and, at the very least, precedents for taking a more holistic approach to people's abortion experiences, contributing to a larger vision of reproductive justice.<sup>3</sup> Unlike most other abortion funds, GRJAN is deeply committed to the tenets of reproductive justice, and we firmly believe that in order for our organization to fulfill its dedication to reproductive justice, we must offer practical support programming to our clients. After all, individuals in the Southeast may have the *legal right* to access abortion services, but as our experiences and mere existence indicate, such a right means little when it cannot be realized because of economic and social inequality. Many funds argue that there are no resources or examples of reproductive-justice inspired practical support programming from which to draw upon, making it nearly impossible for them to implement such programming. By creating this practical support volunteer training and guide, I can help other funds to create similar programs, thereby creating a world in which “the

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<sup>3</sup> Led by women of color and low-income women who were dissatisfied with and excluded from the rhetoric of “choice” that dominated reproductive rights organizing, reproductive justice uses a “human rights and social justice framework to redefine choice,” recognizing that reproductive rights are part of a larger project of economic, political, and social justice (Price, 2010, p. 42). Please see the Literature Review for a more expansive and intensive exploration of reproductive justice.



complete physical, mental, spiritual, political, economic, and social well-being of women and girls” and other marginalized communities is realized” (Asian Communities for Reproductive Justice, 2005 as cited in Price, 2010, p. 43).

When I first agreed to lead this project, I anticipated a number of possible setbacks, like failing to secure the Institutional Review Board’s (IRB) approval within a timely manner, but I did not foresee the level of “burnout” I have experienced while trying to navigate personal and professional demands with work on the project. In fact, activist burnout has been the most salient feature of my work, forcing me to consider the ways in which burnout is a systemic process of the non-profit industrial complex (NPIC) and to find ways in which to challenge burnout through a radical reformulation of self-care practice. In this way, I found my project moving into a new direction as I started to situate it within larger discussions of feminist ethics, specifically feminist ethics of care, and their applicability to movements for social justice. As I detail later on in this paper, feminist moral philosophers and political theorists have documented, in recent years, the ability of care (i.e., caring for others) as a crucial tool for advancing a world without oppression. These feminist thinkers argue that we need to reclaim care as an ethic and politic, challenging the patriarchal and neoliberal practices of denigrating and devaluing care as “women’s work.” By crafting a practical support volunteer program premised on the importance of care for healing people experiencing stigmatization, I see my project as opening up a much needed discussion in the reproductive justice movement—exploring the potential a feminist ethic of care can offer in manifesting the complete, comprehensive, and holistic well-being of women and girls, including the activists who fight for such a vision.

## 2 LITERATURE REVIEW

### 2.1 *The Complexity of Abortion: Emotional Responses to Abortion*

Although several studies have been conducted on the experiences people have had of abortion, most have focused upon the presumed negative psychological effects of abortion. A large part of this research has resulted from “pro-life” claims that abortion is traumatizing to women, resulting in the development of Post-Abortion Syndrome (PAS), what “pro-life” advocates believe to be a form of Post-Traumatic Stress Disorder (PTSD). In response to such claims, the American Psychological Association (2008) conducted a task force on the very topic—*The Task Force on Mental Health and Abortion* (TFMHA). All in all, the TFMHA (2008) found “no evidence sufficient to support the claim that an observed association between abortion history and mental health was caused by abortion *per se*, *as opposed to other factors* [emphasis added]” (p. 4), demonstrating that abortion in and of itself is not inherently or necessarily a negative experience; however, a confluence of several different factors—some personal, some environmental, and others social—intersect to produce an infinite series of possible reactions to abortion—some positive and others negative.<sup>4</sup>

Indeed, in “The Intersection of Relation and Cultural Narratives: Women’s Abortion Experiences,” McIntyre, Anderson, and McDonald (2001) found that overwhelmingly women “did not regret their decision to have abortion, but *they did regret the lack of support and silencing they experienced* [emphasis added]” (p. 53). Such sentiments were also present in a later study by Katrina Kimport, Kira Foster, and Tracy A. Weitz (2011) who found that the most significant cause of emotional difficulty after an abortion was the lack of support from partners, families, friends, and other loved ones (pp. 205-106). Living in a culture that remains

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<sup>4</sup> These factors include “perceptions of stigma, need for secrecy, and low anticipated social support for the abortion decision; a prior history of mental health problems; personality factors such as low self-esteem and use of avoidance and denial coping strategies; and characteristics of the particular pregnancy, including the extent to which the woman wanted and felt committed to it” (p. 4).

predominately hostile toward abortion, and “influenced by the societal discourse” in which abortion is taboo, women often “constructed their abortion as a secret...[and] [f]or some of the women, secrecy led to a silencing of their experience within some or all of their relationship,” which in turn “limit[ed] a woman’s means of seeking support” (McIntyre, Anderson, & McDonald, 2001, p. 55).

The question, then, to ask concerning abortion and mental health is not, “What are the mental health risks of abortion?” Rather, we should ask, “How can space be created, in the lives of women and in society, to accommodate grieving for the loss of a pregnancy?” even if the loss is the result of an induced termination (p. 60). After all, “abortion is an experience often hallmarked by ambivalence, and a mix of positive and negative emotions is to be expected” (Kimport, Foster, & Weitz, 2011, p. 885). Individuals may feel sad, relieved, guilty, and a sense of loss, but the important thing is “that all women’s experiences be recognized as valid and that women feel free to express their thoughts and feelings regardless of whether those thoughts and feelings are positive or negative” (p. 885). For activists working with individuals who are deciding or have decided to have an abortion, like volunteers at GRJAN, it is imperative that such a space can be created, one that allows for the ambivalence surrounding abortion to be expressed and validated.

## *2.2 The Doula Model: Attending to the Holistic Experience of Abortion*

As noted in my introduction, I deployed a doula model of care in crafting the practical support volunteer training and manual as a way to help support clients during their abortions. A doula is generally a female who provides non-clinical emotional and, if necessary, spiritual support for pregnant, birthing, and postpartum women.<sup>5</sup> Although there are several

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<sup>5</sup> Although doulas have long been a staple of childbirth experiences in history, the increased medicalization of childbirth in the nineteenth century led to a significant decline in doula support and midwifery in Western countries (Gilliland, 2002, p. 762-763). For the next hundred years, doulas were largely absent from the childbirth experience, deemed unnecessary in the light of medical “advances,”

professional and certifying doula organizations in North America—all of which maintain different definitions and expectations of a doula and her work—Gilliland (2002) has isolated, what she terms, five “consistent aspects” of a doula in “Beyond Holding Hands: The Modern Role of the Professional Doula” (p. 763). A doula (1) provides labor support, which includes techniques, strategies, and skills; (2) offers encouragement and guidance to birthing mothers and their families, (3) builds a “team relationship” with medical staff, (4) encourages communication amongst all parties involved in the labor process, and (5) helps birthing mothers “to cover gaps in their care” (p. 763). Similarly, albeit more specifically, Meyer, Arnold, and Pascali-Bonaro (2001) determine that a doula’s skills and responsibilities include “maintaining an uninterrupted presence during labor” (p. 59), “respecting birth as a key life experience” (p. 60), “providing emotional support” (p. 60), “providing instruction in comfort techniques” (pp. 60-61), “facilitating positive communication” (p. 61), and “promoting breast-feeding in the early postpartum period” (pp. 61-62). Above all else, however, a doula’s central role is to provide social support that attends to the holistic well-being of a pregnant, birthing, and/or postpartum individual, and all of the aforementioned activities of a doula are done to serve this primary role.

While many medical authorities have expressed doubt and, sometimes, outright hostility toward the doula’s work, scholarly studies have overwhelmingly noted the medical, emotional, and social benefits of doulas. In fact, doulas have been linked to a decrease in the need for pain medications, cesarean deliveries, and operative vaginal deliveries (Mottl-Santiago et al., 2007; Kennell, 2003; Meyer et al., 2001); a decrease in the rates of postpartum depression and labor length (Mottl-Santiago et al., 2007; Kennell, 2003); and an increase in maternal satisfaction and breastfeeding rates, which contribute to improved infant health (Mottl-Santiago

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but with the rise of the cesarean prevention and natural birth movements in the 1970s and 1980s, the benefits of doulas were “rediscovered,” prompting a flourishing for doulas (Gilliland, 2002, p. 763).

et al., 2007). Other preliminary studies suggest that the presence of doulas decreases the rates of child abuse and neglect as well as domestic violence; nevertheless, such a correlation needs more research to corroborate these benefits (Kennel, 2003, p. 1489).

And although there are no studies of which I am aware that document the benefits of doula care for individuals terminating pregnancies,<sup>6</sup> I suspect that providing social and emotional support to people experiencing abortion can help in navigating the ambivalent reactions to abortion and aid in decreasing the negative impacts of social isolation and stigma that many post-abortive persons face (see above). For example, after interviewing women concerning their experiences of second-trimester abortions, Muckavaara, Ohrling, and Lindberg (2011) suggest that a “nursing/midwifery reception for abortions is needed,” satisfying the participants’ desires for information concerning the abortion process as well as support during and after the abortion (p. 724). Kimport, Foster, and Weitz (2011) develop a similar conclusion when examining the social sources of women’s emotional difficulty after abortion. As they explain, “[L]oved ones, as well as abortion rights opponents and supporters, funders and policymakers, must find and develop new ways to meet women’s short- and long-term emotional needs,” which includes the provision of “relationship counseling services at the community level” and the ability “to talk to women who have had abortions in ways that affirm rather than criticize” their decisions to abort their pregnancies (p. 108). Indeed, Kimport, Perrucci, and Weitz (2011) found that abortion support talk lines, both secular and religious, “meet a real need for some women who have had an abortion,” offering the support necessary for processing the emotional difficulties associated with an abortion (p. 96).

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<sup>6</sup> It should be noted that there are abortion doula organizations currently in existence. The most prominent one is the New-York based Doula Project, which is slowly garnering acclaim for its work. However, there are no academic and/or scholarly studies that examine the effectiveness of such a program.

Given the positive reception of doula work during and after labor as well as the documented need for similar programming in abortion work, then, I believe that a doula model is well suited to the practical support needs of GRJAN's clientele. The doula model has been tweaked according to the specific needs of individuals terminating pregnancies and, more importantly, to the needs of practical support volunteers, who function as the "doulas" in GRJAN's practical support programming. For example, most abortion doula work is less involved than birth doula work because births tend to be much longer events than abortions (Zoila Pérez, 2012, p. 13). In fact, most first-trimester abortions last less than 15 minutes, and as a result, most abortion doula work "usually boils down to smiling, hand holding, and validating the person's experience by listening" (p. 13). For second-trimester abortions, however, abortion doulas need to know about pain management techniques since dilating the cervix—the first step in a second-trimester abortion—can be very painful, and in addition, abortion doulas must be knowledgeable about specific clinics' practices and procedures (p. 14). Nevertheless, these changes are fairly minor, and the foundation of birth doula work, holistically caring for others, easily transfers to abortion doula work.

### *2.3 A Feminist Ethic of Care: Caring for Others as Social Change*

In a somewhat obvious manner, the main focus of this project was care, specifically caring for others, and as I pursued this project, I started to explore the possibilities a feminist ethic of care offers for movements of social justice, namely reproductive justice. A feminist ethic of care developed from feminist thinkers' concern with "the nearly exclusive focus on justice, abstract rationality, rights, and individualized autonomy in the dominant moral outlooks of recent decades," which have a "masculine...focus" (Held, 1995, p. 1). Perhaps the most (in)famous and cited progenitor of such feminist work is Carol Gilligan's (1982) *In a Different Voice: Psychological Theory and Women's Moral Development*, where Gilligan challenges the

masculine bias and exclusionary practices of Lawrence Kohlberg's moral stages of development and sets forth her theory of "a different voice"—the idea that women think and act differently from men when confronted with moral dilemmas. Since the publication of Gilligan's text, the debate and controversy over an ethic of care has stemmed largely from her dichotomization of gendered morality: men are more interested in justice while women are more concerned with care when making moral decisions (Clement, 1996, p. 1). It is this dualistic thinking that has marked much of the scholarship on an ethic of care, particularly as it relates to moral philosophy (p. 1).

In recent years, however, feminist thinkers have begun to change the debate, exploring what a feminist ethic of care looks like and how it can be deployed for the purposes of a radical vision of care in movements for social justice. By reframing the debate, feminist thinkers have argued that a feminist ethic of care is both a moral philosophy and a political theory that centers care as the basis for both a morally "good" and a politically "just" world. Ethically, a feminist ethic of care seeks to transform care from a "characteristic" of individuals—as care is currently conceived—to a "practice" of groups, who care for each other in order to maintain and repair "our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining web" (Tronto & Fisher as cited in Tronto, 1993, p. 103). Ontologically, then, a feminist ethic of care rests upon the assumption that human beings are not free-standing individuals, disconnected and easily separable from other human beings; rather, in a feminist ethic of care, it is understood that human beings are always "*in relationships* [emphasis in original]" as all individuals "constantly work in, through, or away from relationships with others" (Tronto, 2011, p. 164). In this sense, a feminist ethic of care assumes the social world to be radically

interdependent and interconnected, and all people are both receivers and givers of care in this matrix of interconnectivity.

Proponents of a feminist ethic of care argue that when a feminist ethic of care is deployed conscientiously by groups—and not by individual random acts of kindness—care can become a powerful political tool for social justice because its deployment creates a world based upon mutual interdependence and moral engagement, where the needs and interests of all people—not only privileged people—are taken into consideration and addressed by the socio-political body (Tronto, 1993, p. 127-165). Politically, then, an ethic of care allows us to challenge the oppressive foundations of contemporary Western civilization: “the instrumentalism of political realism, the normative ideas of liberalism, and the epistemology of rationalism that continue to shape our analytical lenses at the level of global politics” (Robinson, 2011, p. 3). This is because a feminist ethic of care is rooted within the reality that human beings are, in fact, radically interconnected with one another, who are part of a complex matrix of care where we are always and simultaneously receiving and giving care—a reality that flies in the face of current lines of neoliberal thinking, where people are autonomous and free individuals, who need not others but only their own boot straps to succeed and profit.

Thus, as the practical support program developed, I began to locate my project within a larger project launched by feminist thinkers to reclaim the possibility of care in creating an anti-oppressive future. Indeed, to enact a world of reproductive justice is essentially to implement a world of care. By deploying a doula-model to caring for people experiencing abortion, then the GRJAN practical support program is taking one step toward “the complete physical, mental, spiritual, political, economic, and social well-being of women and girls,” the ultimate goal of reproductive justice (Asian Communities for Reproductive Justice, 2005, p. 1).



#### *2.4 Reproductive Justice: A Framework for Social Change and Healing*

As a reproductive justice organizer and scholar-activist, I have located this research project within the larger movement to eradicate reproductive oppression in tandem with other forms of oppression. In particular, I hope to use my research project as a tool for social change and healing, offering other abortion and reproductive justice funds and activists a mechanism through which to engage holistically people's abortion experiences. Historically, reproductive justice arose from women of color and poor women's exclusion from the predominantly White middle-class character of "pro-choice" rhetoric and movement organizing (Price, 2010, p. 46). Indeed, the "choice" rhetoric "is based on a set of assumptions that applies only to a small group of women who are privileged enough to have multiple choices" (p. 46) and is deeply rooted in white supremacist and capitalist understandings of "individual freedom" (Smith, 2005, p. 120). As Jael Silliman (2002) articulates,

This conception of choice is rooted in the neoliberal tradition that locates individual rights at its core, and treats the individual's control over her body as central to liberty and freedom. This emphasis on individual choice, however, obscures the social context in which individuals make choices, and discounts the ways in which the state regulates populations, disciplines individual bodies, and exercises control over sexuality, gender, and reproduction. (as cited in Silliman et al., 2004, p. 5)

Thus, by emphasizing the legal right to have an abortion, pro-choice groups isolated abortion from "other social justice issues that concern communities of color: issues of economic justice, the environment, immigrants' rights, disability rights, discrimination based on race and sexual orientation, and a host of other community-centered concerns" (SisterSong, 2011, para. 8). In doing so, second-wave feminist organizations, like the National Organization of Women (NOW)

and the National Abortion and Reproductive Rights Action League (NARAL), refused to acknowledge women of color, poor women, and disabled women's experiences with reproductive oppression, and in response, these women "developed the reproductive justice framework to speak to the lived experiences of women of color who did not believe that the privacy-based pro-choice movement captured our challenges and opportunities in achieving self-determination for ourselves and our communities" (para. 7).

This is not to suggest, though, that women of color and poor women were not active in challenging reproductive oppressions during this time. In fact, women of color and poor women *have always* confronted the reproductive oppressions they faced, but "[a]ccounts of the reproductive rights struggle in the US have typically focused on efforts to attain and defend the legal rights to abortion, efforts led predominately by white women" (Silliman et al., 2004, p. 1). Since many of the issues women of color and poor women fought against were not exclusively tied to abortion, most of the "reproductive health organizing done by women of color in the United States has been undocumented, unanalyzed, and unacknowledged" (p. 1). Some of the specific reproductive oppressions women of color and poor women resisted and organized against include sterilization abuse, population control, forced use of unsafe contraception, welfare reform, amongst others (p. 2). And it was through these struggles—struggles that were not addressed in the mainstream "pro-choice" movement—that led women of color to develop the reproductive justice framework, thereby bringing to the forefront "the importance of the contributions women of color made to the political movement to achieve reproductive autonomy—broadly defined—for all women regardless of race or economic class" (Nelson, 2003, p. 2).

Today, reproductive justice is defined as "the complete physical, mental, spiritual, political, economic, and social well-being of women and girls" (Asian Communities for

Reproductive Justice, 2005, p. 1) and “*will only be achieved when women and girls have the economic, social and political power and resources to make healthy decisions about our bodies, sexuality, and reproduction for ourselves, our families and our communities in all areas of our lives* [emphasis in original]” (p. 1). In this way, reproductive justice is not only considered “a movement-building strategy” that addresses the multifaceted and intersectional nature of reproductive oppression, but it is also “an emerging framework, an analytical tool, [and]...a desired outcome” that fights for reproductive freedom (Law Students for Reproductive Justice, 2009, p. 1). For reproductive justice advocates, then, challenging “the control and exploitation of women, girls, and individuals through our bodies, sexuality, labor and reproduction” is crucial to developing a “comprehensive solution” to the realization of human rights for all—especially the rights not to have a child, to have a child, and to parent the children we already have (Ross, 2006, p. 14) in safe and healthy environments.

More specifically, according to the Asian Communities for Reproductive Justice’s (2009) *Three Applications of the Reproductive Justice Lens*, there are six core characteristics of reproductive justice:

1. Reproductive justice calls for an intersectional analysis of reproductive oppression, which “describes both the experience of oppression and the strengths that individuals and communities bring to bear...by explicitly addressing the intersections of gender, race, and class, and other identities and experiences that affect individuals and communities” (p. 7).
2. Reproductive justice emphasizes gender, bodies, and sexuality as analytic and experiential lens for understanding reproductive oppression.

3. Reproductive justice recognizes that social change must occur at individual, community, institutional, and societal levels for reproductive freedom as well as “personal transformation and empowerment” to occur (p. 7).
4. Reproductive justice firmly believes that the communities most affected by reproductive oppression lead the movement.
5. Reproductive justice argues that individual empowerment can only occur through communal empowerment because individualistic approaches to alleviating oppression “polarize communities and hinder the potential of building power for marginalized constituencies” (p. 7).
6. Reproductive justice recognizes that fighting reproductive oppression requires attending to larger social systems that perpetuate oppression, like sexism, racism, homophobia, classism, and others.

It is important to note that I am *not* situating reproductive justice in opposition to reproductive rights or suggesting that reproductive justice represents a “progression” from reproductive rights frameworks. Indeed, many reproductive justice advocates, myself included, do not see reproductive rights as antagonistic to reproductive justice. Rather, I see reproductive justice as another lens in which to examine, understand, and ultimately fight against varying reproductive oppressions. As the Asian Communities for Reproductive Justice (2005) explains,

Because reproductive oppression affects women’s lives in multiple ways, a multi-dimensional approach is needed to fight...exploitation and advance the well-being of women and girls. There are three main frameworks for fighting reproductive oppression: (1) Reproductive Health, (2) Reproductive Rights, and

(3) Reproductive Justice. *Although the frameworks are distinct, together they provide a complementary and comprehensive solution* [emphasis added]. (p. 1)

Because the problems of reproductive oppressions are so vast and differentiated, we need several different frameworks for conceptualizing them. One framework is not necessarily better or more “progressive” than the other; instead, one framework may simply be better attuned to the specific reproductive oppressions being addressed.

In this way, then, I view the creation of a doula-inspired practical support program as a way in which to advance reproductive justice writ large. By promoting the physical, mental, emotional, and spiritual well-being of individual clients through the process of abortion, GRJAN will promote the holistic well-being of their families, their communities, and ultimately their societies. In doing so, I believed that GRJAN could contribute to an overall vision of reproductive justice through its practical support program.

### **3 METHOD**

#### *3.1 Feminist (Participatory) Action Research*

When first developing this project, I had decided to frame the project as feminist participatory action research (FPAR), a type of action research inflected with the feminist political commitments of equality, emancipation, and social justice. Drawing upon “feminist theories of oppression, domination, power, and social justice” (Ponic, Reid, & Frisby, 2010, p. 325), FPAR is ultimately concerned with recentering and relocating the objects of “study” so that the voices of those most marginalized by traditional research methodologies—women, people of color, poor people, amongst others—are heard and highlighted. In order to accomplish such goals, FPAR emphasizes the importance of deploying three principles in research: participation and inclusion, action and social change, and researcher reflexivity (Reid, 2004, para. 22). Given the explicitly feminist slant of GRJAN at the time of developing this

project, I felt that FPAR best reflected the values of creating a practical support program for the organization, and I attempted to outline a research project that would satisfy the aforementioned principles of FPAR.

Unfortunately, however, my idealistic goals for enacting a FPAR project quickly devolved as “reality” set in. Although I remained an active member of and volunteer with GRJAN throughout the research process—thereby satisfying FPAR’s dedication to dismantling the binary between researcher/researched—I was only able to recruit two participants for help with the project. I had hoped to recruit between five and seven volunteers to be involved with the project, but given the personal and professional demands of GRJAN’s volunteers, I was not able to accomplish such a goal. In addition, the participants’ involvement with the project was far less active than I had originally anticipated. I had imagined this project as a sort of group project, where I would function as a make-shift “leader,” and the resultant practical support volunteer training and manual would be collaboratively produced, drawing together the work of all participants into a functional practical support program. In both of the interviews, though, it became apparent that neither participant envisioned her involvement with the project as substantial; rather, both participants had assumed that I would craft the practical support program on my own with only minimal input from participants. As a result, I quickly shifted the methodological framework of my project, effectively dropping the “participatory” nature of the project.

Nevertheless, this project did, to greater and lesser extents, fulfill the other two facets of FPAR: action and social change as well as research reflexivity. While the practical support volunteer training and manual has not been implemented quite yet, I do believe the process deployed in developing the program has fulfilled the goals of implementing action and social change. Similarly, I engaged practices of researcher reflexivity. Throughout the project, I

followed my proposal's original plan to create and maintain an online blog via Google Blogger so as to keep other project members up-to-date with my research progress and analysis.

Unfortunately, I was unable to post every week for the duration of the project—the result of competing demands from my personal, academic, and professional lives. Nonetheless, I was able to post 10 times to the blog, which sparked some moderate discussion amongst participants, although not much.

As a result of my methodological choices, this research project made no attempt to be “objective” or to maintain distance and neutrality—common benchmarks for “successful” academic research. After all, this project was “done by people [like myself] who are trying to live in the direction of the values and commitments that inspire their lives” (McNiff & Whitehead, 2006, p. 23), values that were consciously incorporated into the research project—reproductive justice, feminism, and emancipation. In other words, my research project is value-laden, and benchmarks of “objectivity” used to evaluate traditional forms of academic research were inappropriate for this research project.

This is not to suggest that I was unconcerned with issues of validity with this research project; rather, this research project has pointed to the necessity of deploying alternative markers of validity. As Herr and Anderson (2005) so aptly explain, “We...suggest that action research should not be judged by the same validity criteria with which we judge positivistic and naturalistic research. This is not to say that there is no overlap or that it is less rigorous, but that a new definition of rigor is required that does not mislead or marginalize action researchers” (p. 53). The most salient type of validity used for this research project was outcome validity or the extent to which the action proposed resolves the original research problem (p. 54). GRJAN has struggled with finding the time and energy to explore fully the development of a practical support program so as to address the inequities low-income people

face in accessing abortion care and services. By crafting a practical support volunteer program for GRJAN, then, this research project resolves one of the central problems facing GRJAN. Indeed, the entire purpose of the following research project is to take a specific action—the collective generation of a practical support program for GRJAN—so as to challenge the inequities facing low-income people in accessing abortion care and to enact a vision of reproductive justice.

#### **4 PROCESS AND OUTCOME**

As of today—March 23, 2013—the practical support volunteer training and manual is only partially completed, and as the project has progressed, I have shifted my goal from producing a fully developed practical support volunteer training and manual to creating a working draft for GRJAN so that the organization can later expand and edit the program as we see fit. Such a shift in focus resulted from the realization that I simply did not have enough time or, quite frankly, willpower to conduct this project on my own. As I noted in the previous section, I had originally envisioned this project as a collaborative one, working with a group of others to put together a viable practical support volunteer training and manual for GRJAN. But as the project developed, it became apparent that others involved with GRJAN simply did not have the time to commit to crafting the program with me, and as such, I was left to forge the practical support program alone. Of course, there is no guarantee that GRJAN will have the time to pursue the practical support program in the future, but at the very least, now GRJAN will have the tools necessary for implementing such a program in the future if the organization decides to do so.

I began the project by soliciting participants via GRJAN's volunteer email list. After my first solicitation, I received a total of three responses, two of whom returned the necessary informed consent forms. I sent another solicitation shortly thereafter, but with no response. I



then proceeded to interview the two participants on Sunday afternoon. Both participants are board members and volunteers for GRJAN, and they each have had experience offering practical support to clients before GRJAN temporarily closed the program. Each interview lasted around one and a half hours with the goal of learning more about volunteers' experiences with GRJAN and, most importantly, how GRJAN could improve their practical support volunteer training program.

Although the two participants have been volunteering with GRJAN for different amounts of time, both expressed discomfort and stress when interacting face-to-face with clients. Each expressed a fear of not being able to provide "more" for clients, whether in the form of additional abortion funding or answering questions concerning the abortion procedure. Even though the participants found the one-on-one and in-person interactions with clients overwhelmingly positive, they did not some negativity associated with being unprepared to deal with "unexpected" situations. For example, one participant related a story where a client required feminine hygiene products after hir procedure, but could not afford them. The participant was left in a quandary—should zie pay for the feminine hygiene products? Is this an ethical action on part of a practical support volunteer? Eventually, zie resolved to purchase the feminine hygiene products on behalf of the client. In addition, both participants explained that they did not know "what to say" to clients, often feeling at "a loss for words." Since neither participant has had an abortion, each felt that they could not adequately empathize with and comfort clients with any emotional and/or spiritual distress.

Both participants had specific suggestions on how to improve their experiences and future volunteers' experiences with the practical support program. These suggestions included

- Providing cultural-sensitivity training so that volunteers are better equipped to handle cross-cultural interactions, especially across class;

- Offering “continuing education programs,” where volunteers can be kept up-to-date on new developments and/or learn new skills required of the position;
- Clarifying consent form acquisition procedures so that (a) consent forms are clearly explained to clients, (b) consent forms are returned to GRJAN within a timely fashion, and (c) clients completely understand the limitations of GRJAN’s programming;
- Explaining the abortion procedure itself and the way in which our partner clinic handles abortion;
- Training on how to care emotionally and spiritually for clients, especially for those volunteers who have not had an abortion, with an emphasis on compassionate and/or empathetic listening;
- Learning about people’s stories of abortion so as to have a well-rounded picture of the diversity of abortion experiences;
- Arranging sexual assault and rape crisis training for volunteers since GRJAN has had several clients who have terminated pregnancies that resulted from sexual assault.

As can be imagined, after these interviews, I felt overwhelmed by the task before me—how could I create a program that addressed all of these things? Luckily, however, as I conducted further research into other similar programs, I stumbled upon a wealth of programs, workbooks, and manuals that greatly reduced the workload placed upon me. One of our board members met with our only grantor—the Abortion Conversations Project (ACP)—and at the meeting, the ACP presented our board member with bags full of various sources on providing care for abortion patients. Thus, crafting the practical support program was no longer a matter of building a program from “scratch,” but bringing together and merging various sources into

one cogent and coherent practical support program that met the needs of GRJAN. I found the ACP's "Promoting Post-Abortion Spiritual Health" and "Healthy Coping After an Abortion;" Exahle's *Pro-Voice Counseling Guide*; and the Pregnancy Options' *Pregnant? Need Help? Pregnancy Options Workbook*, *Abortion: Which Method is Right for Me?*, and *A Guide to Emotional And Spiritual Resolution After an Abortion* especially helpful and insightful as I built the practical support volunteer training and guide.

For the purposes of simplicity, the current practical support volunteer manual is divided into three distinct, albeit overlapping, sections: physical care, emotional care, and spiritual care. However, it is important to note that I do not see these different facets of health as so easily compartmentalized. In the Western tradition of biomedicine, there has been a long history of separating aspects of health along the mind-body-spirit split, largely the legacy of Cartesian dualism. Yet as many health advocates have argued, such delineations between physical, mental, and spiritual health are arbitrary and damaging to the holistic well being of people. For example, dividing health into various types has been one way in which the medical institution has been able to emphasize and, thereby, elevate "physical health" to the exclusion and subordination of "mental" and "spiritual health," leaving people with mental and spiritual problems marginalized and stigmatized. Nonetheless, for the purposes of organization, I felt that separating the components of care according to their respective "health" delineations (i.e., physical, emotional, and spiritual) made the practical support volunteer training manual easier to create and to digest.

#### *4.1 Physical Care*

When first presenting this research project, I did not think of including a section on physical care, but after looking further into the roles of a doula, I realized that not offering volunteers a brief training on physically caring for GRJAN's clients would be a grave disservice,

quite literally. In fact, both interview participants emphasized their lack of knowledge concerning medical complications of abortion and noted they would feel much better in interacting with clients if they knew the best courses of action for treating complications. Although abortion is an incredibly safe medical procedure, there is always the risk of physical complications. For practical support volunteers, then, it is incredibly important to know the “warning” signs of hemorrhaging and infection so that clients can be transported to adequate medical care in a timely manner. Just as a doula must be familiar with the physical and medical aspects of birth, so too must a GRJAN practical support volunteer be apprised of the physical and medical processes and potential complications of abortion.

As I started to conglomerate information on the potential complications of abortion procedures, I too found that I knew very little about abortion procedures themselves, even though I have been working in the field of abortion rights for several years. As a result, I realized that perhaps few of us actually know the medical knowledge surrounding various abortion procedures. In order to understand the complications that can arise with abortion, I would have to include a brief exposition of the different types of abortion. This was, however, easier said than done. It was surprisingly difficult for me to find accurate, value-free descriptions of abortion processes. A quick Google search on “abortion procedure how-to” yielded a veritable onslaught of “pro-life” step-by-step guides on the “horrors” of abortion procedures, using highly charged language and images to paint abortion procedures as grotesque monstrosities. In the end, I used the least politically slanted source I could find—Molly Edmonds’ (2011) “Abortion” entry on *How Stuff Works*, a website hosted by the Discovery Channel to educate people about a variety of topics.

Perhaps the most surprising aspect of researching abortion procedures was this lack of information concerning the medical technicalities of abortion on abortion providers’ websites.

Although my search was certainly not exhaustive, I failed to find one abortion provider's website that offered viewers a detailed, but understandable, explanation of how abortions are completed. This seems especially troubling to me given the long history of purposeful obscuration of information perpetuated by medical authorities to prevent marginalized communities from accessing medical knowledge and making informed decisions concerning their health. Of course, it is beyond the scope of this paper to interrogate the discursive practices of abortion providers, and knowing the sociopolitical sensitivity of abortion, I am sure that a part of abortion providers' reluctance to present detailed information on abortion procedures is to ensure the confidentiality of clients' medical histories. But since anti-abortion activists have consciously presented graphic views of abortion procedures—visualizations that are far more gruesome than actual abortions—I wonder how much abortion providers' silence about abortion procedures is contributing to misinformation about abortion.

#### *4.2 Emotional Care*

As I noted before, I was fortunate in that shortly after beginning the research project, I stumbled across a plethora of sources that explored how to offer care—emotional and spiritual—for persons experiencing abortion, especially for those individuals wrestling with difficulties with their termination decisions. Originally, I thought I would have to comb through various published accounts of personal abortion narratives, determining what caring needs people experiencing abortion desired and devising caring strategies for GRJAN's volunteers. Luckily, this was no longer required as the sources I received had already done this work for me; thus, I drew upon these sources when developing the "emotional care" section of the practical support volunteer manual. I am particularly indebted to Exhale, a self-defined "pro-voice" community of volunteers who offer after-abortion counseling and support. Exhale provided me a copy of their *Pro-Voice Counseling Guide*, which offers non-Exhale members with

a concise and easy-to-understand guide to offering post-abortion support programming to others. I found Exhale's concept of "pro-voice counseling" to be especially applicable to the work of a practical support program. Exhale envisions such counseling as a "nonviolent practice" that can reduce and reconcile conflict in the world (n.p.). As Exhale explains,

We believe we can transform the social conflict surrounding abortion through pro-voice communication. The pro-voice approach accepts each person on their [sic] own terms, and invites every voice to be heard. When we let go of slogans and listen to each other, we create an open space for others to tell us something new. We believe that staying open to new information can lead to greater understanding and insight. (n.p.)

At GRJAN, we also believe that by truly listening to and entering into compassionate dialogue with others, we can transform the world. As Layli Maparyan (2012) so beautifully explains in *The Womanist Idea*, "When the process of dialogue becomes intentional and conscious, energetically directed toward a well-defined and principled end, dialogue becomes a powerful tool for social change" (p. 60). For individuals from marginalized communities—like women, people of color, low-income people, and LGBT people—being listened to and being able to tell their stories is a powerful act. Because of various systems of oppression (i.e., patriarchy, white supremacy, capitalism, etc.), many marginalized people are not allowed to express themselves fully because they and their experiences are not deemed "worthy" enough.

In addition to Exhale's *Pro-Voice Counseling Guide*, amongst others, I relied heavily upon works related to the field of "compassionate" or "empathetic" listening. So much of the work of a practical support volunteers is listening, and in both interviews I conducted with GRJAN members, training in compassionate/empathetic listening was noted as a crucial need for volunteers. I found the published works of The Compassionate Listening Project (TCLP)

very fruitful in developing the section on compassionate listening in the practical support volunteer manual. TCLP is a non-profit organization dedicated to training people in the art of compassionate listening so that they can apply their compassionate listening skills to resolve and reconcile a variety of conflicts around the world. TCLP defines compassionate listening

as a quality of listening which creates a safe container for people to be free to express themselves and to go to the level of the deep concerns. It simply and profoundly means empathizing with the feelings and conditions of people who have been affected by events and circumstances, sometimes of their own doing, and sometimes out of their control. (Hwoschinsky, 2006, p. 3)

Furthermore, it is a “dynamic process” where people “come together specifically to listen with openness to people who are suffering and are in conflict” (p. 3). Such a process is ideally suited to helping others navigate the inner and external conflicts that often arise in light of an abortion. I do not think it is a coincidence that Exhale’s “pro-voice” paradigm has a similar mission—to use counseling as a way to reduce conflict in the world.

#### *4.3 Spiritual Care*

Perhaps the most difficult section of the practical support volunteer manual for me to develop was, and is, the spiritual section. After all, the diversity and complexity of people’s religious and spiritual experiences is enormous. I constantly wondered, how do I take into consideration the variety of spiritual experiences while also thinking of generic ways in which to broach the topic of abortion and spirituality? For a time, I considered compiling all of the major religious traditions’ “official” and “unofficial” views on abortion, but very quickly, I realized that such an endeavor far exceeded the time I had allotted for the project. Indeed, it would take several book volumes to document the ways in which different religious traditions think of abortion.

In the end, I decided “honesty was the best policy.” Instead of trying to pinpoint the exact spiritual viewpoints upon abortion—secretly hoping for that one tradition that wholeheartedly accepts abortion—I opened the spiritual care section with a “complexity” disclaimer. Spiritual and religious attitudes concerning abortion are as diverse as the practitioners who ascribe to such traditions. The best GRJAN volunteers can hope to accomplish is to help clients clarify their own spiritual belief systems, reconcile their experiences of abortion with their spiritual belief systems, when possible, and educate them about spiritual traditions that are more open to abortion.

## 5 DISCUSSION

### *5.1 A Feminist Ethic of Self-Care: Burnout and the Need for Sustainable Activism*

Throughout this project, I struggled with activist burnout and finding time to practice self-care. Trying to navigate the demands of personal survival, political commitment, and academic integrity truly overwhelmed me, and as I would quickly realize, activist burnout overwhelms us all. Indeed, burnout within activist communities is a widely recognized, but poorly understood, problem. Burnout refers to “a state of physical, emotional, and mental exhaustion caused by long-term involvement in situations that are emotionally demanding” (Pines & Aronson, 1998 as cited in Activist Trauma Support, n.d.). While burnout is not the exclusive domain of activism—anyone can fall prey to its effects—burnout has an especially pernicious pull within activist communities because it is “treat[ed] as (at best) a secondary issue that is of less importance than the more clearly ‘political’ objectives of activist campaigns” (Brown & Pickerill, 2008, p. 1). This dynamic becomes especially pronounced when looking at activist blogs. Few, if any, discuss the role of burnout and self-care in activist communities, focusing more upon “best practices” for organizing politically, and those that do focus almost exclusively on self-help techniques to remedy burnout, implying or, sometimes, blatantly stating



that burnout is the result of individual activist errors, not systemic failures of current activist models of organizing: setting up unrealistic expectations, refusing help from others, and failing to engage in effective self-care practices.

Of course, these are all factors that can, and do, contribute to activist burnout, but I was looking for something deeper once I realized how big of a problem burnout is within activist groups. Although I expected some self-help tips on how to mitigate the effects of activist burnout, I also assumed I would find analyses on how to prevent activist burnout altogether—how, for example, can we re-envision activist strategies so that burnout is eliminated? What are the current models of thinking about and organizing for social change that disable activists from caring for themselves? I found one such reason is the dominance of the non-profit industrial complex (NPIC) in social justice movements. Like many activists, most of my activism has been attached to non-profit organizations, including GRJAN. As a 501(c)(3) non-profit organization recognized by the Internal Revenue Service (IRS) of the United States, GRJAN is imbricated within an industrial complex that “encourages [us] to think of social justice as a career” for individuals, but “the mass movements needed to topple the existing capitalist hierarchy require the involvement of millions of people” (Smith, 2009, p. 42). In this way, the NPIC forces “a few people to work more than full-time to make up the work that needs to be done by millions of people,” which in turn creates a model of organizing that is “ultimately unsustainable” (p. 42). Consequently, it is nearly impossible for activists not to experience burnout because we are being asked to do the work of so many people. We are, in some ways, quite literally placing the burdens of the world upon our shoulders.

Similarly, as Amara H. Pérez (2007) points out in “Between Radical Theory and Community Praxis: Reflections on Organizing and the Non-Profit Industrial Complex,” the NPIC perpetuates unsustainable activist practices by inculcating a business culture within non-profits,

even those that directly oppose corporatist agendas (p. 95). In discussing her experiences at Sisters in Power for Action, Pérez recounts how she and the organization “were never cautioned against burnout, the external power to get bigger, or overextending ourselves by common pulls away from the work,” all of which are common practices in corporate and business settings (p. 95). She continues, “Though we had adopted many businesslike practices, tools, and modes of operation, the threat of mirroring corporate culture within the organization was never anticipated” (p. 95). Because neoliberalism has been so naturalized in our culture, it is sometimes difficult to think of how activist work is, in fact, part of the neoliberal order, and sometimes we, as activists, are in complete denial about the implications working within the NPIC has for our work. Subsequently, many of us who work in non-profit organizations forget to consider the ways in which our work is an extension of the neoliberal project. In doing so, we “end up replicating the same institutions we are working to change,” notably institutions that promote unrealistic work demands and, therefore, burnout (p. 99).

This point was especially pronounced with my work on this project. As I mentioned previously, throughout my project, I maintained a blog on Google Blogger to keep other project participants apprised of the progress made on the project. On January 30, 2013, I posted to this blog, writing about my experiences with activist burnout and noting I often feel a sense of looming despair and futility with my activist work. I had hoped my post would spark a critical discussion about the role of burnout in activist communities, but the only response I received was of encouragement, reminding me that my work

will not go unnoticed for long. It is worth the work. But remember! There are not many people willing to do the work you do, so take care of yourself. We need you to be in fighting shape. There is no one else to fill your shoes.

While well-intentioned, the project member's response actually troubled me more than my original feelings of malaise. This post completely avoids and, in some ways, disavows the possibility of a systemic motivator for activist burnout. If there is, indeed, no one else to fill my shoes, then it must be expected that I, and all other activists, will experience periods of exhaustion as well as depression. The belief that I must engage in self-care because I, alone, can do the work I do hides the fact that in order for true social change to occur—for a world of reproductive justice to be enacted—there must be many more people doing the work I do. Thus, by cautioning me “to take care” of myself, the post's author reinscribes the very mantra of individualistic self-care that promotes an activist model that is, as Smith so poignantly remarks, unsustainable.

It is clear that activist burnout is not simply an individual problem; in fact, I argue as do many others that burnout amongst activists and activists' inability to engage in self-care are forms of violence and mechanisms of control launched by systems of oppression. I had never considered burnout and the inability to care for oneself as forms of violence until I stumbled across *The Self-Care and Self-Defense Manual for Feminist Activists* (*The Manual for Feminist Activists*) written by Marina Bernal (2006) and supported by the Association for Women's Rights in Development (AWID), a non-governmental organization located in Canada. Like many other self-care manuals, *The Manual for Feminist Activists* provides many exercises and activities that feminist advocates can draw upon to cope with the stress of activism, but unlike many other self-care manuals, *The Manual for Feminist Activists* also provides several structural analyses of activist burnout, connecting the phenomenon to larger systems of violence, specifically violence against women, and arguing feminist activists' reluctance to participate in self-care is a form of “self-inflicted violence” (p. 32). Because women have internalized the patriarchal gender logic that they “are not allowed—nor taught—to make their own decisions about their bodies,”

feminist activists—who Bernal assumes are mostly women—“do not attend to our needs or our body, and we expose ourselves to multiple situations in which we are overburdened and at risk, which ultimately leave us exhausted and drained” (p. 31, 32).

Moreover, within this framework, the lack of attention given to self-care amongst activist communities can be viewed yet another form of violence perpetuated under neoliberalism. After all, the NPIC is an extension of the neoliberal state, arising from “processes of privatization and globalization” and contributing to the violence of the Fourth World War (neoliberalism), “where the logic, organization, and violence of the market is deployed in increasing disbursements to all corners of the world and to all aspects of life” (Rojas Durazo, 2007, p. 113). The NPIC is structured in such a way as to conform to the neoliberal agenda—work harder and longer for less and less with fewer and fewer benefits until we are forced to burnout. Indeed, for activists working within non-profit organizations, like myself, there is little “down time” to rest and reflect about our work since the demands of foundation funding refuse the possibility, noting that rest and reflection do not produce tangible and easily measurable results (Jones de Almeida, 2007). Perhaps even more pressing, however, is that we have become so entrenched within the NPIC, we are unable to envision alternatives to this system—alternatives where self-care would be an integral and integrated part of our movements for radical social change. The violence in our interpersonal lives and political systems has been so naturalized under the neoliberal order that it is hard to imagine a world where burnout is non-existent. As Jones de Almeida (2007) so poignantly remarks, “[I]t becomes harder and harder to entertain the possibility of restructuring our lives in a radically different way. After all, capitalism is not only around us in the society we live in—it is also within us in terms of what we value, how we live, and what we believe is possible” (p. 187).

For me, then, the fundamental question concerning my experience with burnout while working on this project has become, “How do we create alternatives both inside and outside of the NPIC that make space for self-care and therefore reduce the incidence of burnout?”

Although I have yet to develop “the” answer, my work on GRJAN’s practical support program has pointed me to a few ways in which to do so. The first one is to interrogate critically how our ideas about who can be an “activist” and what constitutes as “activism” further perpetuate burnout. In *The Revolutionary Imagination in the Americas and the Age of Development*, María Josefina Saldaña-Portillo (2003) notes that leftist movements for social change have problematically crafted “activist” subjectivities rooted within the very developmentalist discourses of Western neoliberal “-isms” they seek to destroy—reproducing the very gendered, raced, and classed hierarchies they fight against. For example, Saldaña-Portillo explains that autobiographical texts from leading revolutionary leaders on the left, like Che Guevara and Malcolm X, present a revolutionary subjectivity that

requires the subject to become an agent of transformation in his own right, one who is highly ethical, mobile, progressive, risk taking, and masculine, regardless of whether the agent/object of development is a man or a woman, an adult or a child. (p. 7)

In doing so, revolutionary movements have normalized a specific subject-position that demands the hierarchical ordering of subjectivities, whereby a subject becomes “revolutionary” or “activist enough” only by turning away and “transcending” his/her gendered, raced, and/or classed backgrounds. Thus, the move toward revolutionary consciousness and subjectivity denigrates and de-legitimizes the experiences of gendered, raced, and classed subjects—those subjects to whom revolutionary movements seek to liberate (p. 7).

As a highly gendered, raced, and classed construction, care is one of the many practices that subjects must abandon and transcend so as to become “revolutionaries” and “activists.” Within the United States, it has been women, primarily poor women of color, who have had to take on the burden of caring for others—their partners, families, and, more often than not, employers. And in many ways, such care work has functioned exploitatively for women, forcing poor women of color to take on the task of rearing future generations without benefit or recognition (Ehrenreich & Hochschild, 2004). Within the revolutionary framework, it logically follows that oppressed groups, notably poor women of color, must “rise above” the practice of caring for others, which has often defined their subordination, to become true activists. In the process, however, the revolutionary imagination reinscribes the very hierarchy that subordinates care work and its practitioners in the first place! In white supremacist, capitalist patriarchies, care is devalued because of its connection “with privacy, with emotion, and with the needy,” thereby in complete antagonism to those values so prized and valued—“public accomplishment, rationality, and autonomy,” amongst others (Tronto, 1993, p. 117).

For example, as I worked on redeveloping GRJAN’s practical support program, I often felt as though my project did not effectively qualify as “activist” or “revolutionary” enough. Even though I valued care and believed in its necessity, I did not consider caring for others or the self as mechanisms of social change. After all, care does not fit into the revolutionary subjectivity to which I had been so accustomed! I was not participating in large-scale protests, where I—as a member of several oppressed groups—rose against the “powers that be” to reclaim and remake the world. Moreover, I saw care, especially caring for myself, as a luxury. Only “privileged” people have the time and money to engage in such “luxuries” as self-care, and to practice self-care would cast my lot with those privileged few, inducing within me a great

deal of guilt and shame. How could I be “wasting my time” caring for myself when the world is so messed up?

In light of Saldaña-Portillo’s work, though, I came to realize that my own objections to the possibilities of care as a framework for social change were rooted within the imaginings of leftist revolutionary thinkers and actors that I had uncritically subsumed into my identity as an activist. Once such a realization dawned upon me, I started to consider the ways in which care, particularly for the self, can be deployed in social change work to eliminate activist burnout. I found myself drawn to the work of feminist moral philosophers and political theorists who have repurposed an ethic of care for the pursuit of feminist ideals of equality and emancipation. Although self-care is not explicitly discussed by any of the feminist thinkers I researched, I found it easy to extend their insights on a feminist ethic of care for others to a feminist ethic of care for the self. For instance, Joan Tronto (2011), one of the most active feminist thinkers to explore an ethic of care, argues that the practice of care as a social change modality necessitates the practice of four ethical components: attentiveness, or “the suspension of one’s self interest, and a capacity, genuinely, to look from the perspective of the one in need;” responsibility, or the desire to ensure that care is given once the need for care has been established; competence, or the ability to provide care that is effective in responding to needs as well as culturally sensitive; and responsiveness, or the act of observing the response from a care receiver when care has been provided and “making judgments about it (e.g., was the care given sufficient? successful? complete?)” (, p. 165).

While all of these components can be easily revised for the application of self-care, I personally have found the most salient component to be attentiveness—learning to recognize the signs of burnout as they occur and to address them accordingly. Gavin Brown and Jenny Pickerill (2009) in “Space for Emotion in the Spaces of Activism” call this emotional reflexivity, a

practice “through which activists (individually and collectively) can reflect on their emotional needs and commitments, and find means of negotiating these alongside ongoing resistance and involvement in social movements” (p. 25). A similar sentiment is echoed in Perez’s (2007) work with Sisters in Power for Action, where she and others realized that they needed time for reflection in their work so as to promote “transformation and healing” both within themselves and others (p. 97). By becoming more aware, more mindful of our emotional states and needs, we can intervene more quickly to prevent burnout from escalating into complete dropout.

Perhaps the most useful way in which I have deployed a feminist ethic of self-care into my work, thereby challenging the violence of the NPIC and formulating an alternative activist subjectivity, has been to incorporate models of social change *outside* of the traditional “left” and the current NPIC model of organizing—models that recognize and validate self-care as a necessity for movement sustainability and a tool for social change. At the time of this project, I knew of only one such model—womanism. “[R]ooted” within the “everyday experiences” of women of color, specifically Black women in the United States, womanism is a “social change perspective” that deploys women of color’s “everyday methods of problem solving” to the work of ending “all forms of oppression for all people, restoring the balance between people and the environment/nature, and reconciling human life with the spiritual dimension” (Phillips, 2006, p. xx). While there are several distinctively womanist methods of social transformation, there are three methods that are considered “foundational,” forming the “basis” for all other methods of womanist social change modalities. Self-care is one of these foundational methods of social transformation (Maparyan, 2012, p. 52-53).

Within the womanist worldview, there are both practical and philosophical reasons for establishing self-care as a foundational method of social change. Practically speaking, it is



extremely difficult for someone to engage in lasting social change when zie is unwell or, as I have been documenting, burnt out. It is nearly impossible to sustain a large-scale movement for social justice when participants burn-out every couple of years. I have experienced this first-hand—as I am sure many others have. Without caring for myself, without attending to my wellbeing, I am of little help to anyone else. Philosophically speaking, self-care is considered a prerequisite for social change because in the womanist worldview all beings and things are radically interconnected. If I am in poor physical, mental, and/or spiritual health, then those around me will be negatively impacted; therefore, to promote the well-being of all, I must first ensure that my health—holistically defined—is “squared away.” The idea here is—to quote an often-cited saying by Gandhi—to “be the change you wish to see in the world.” As Maparyan further elaborates,

“As above, so below; as within, so without,” the implication here is that *all* social and environmental problems, as well as *all* individual human problems, are simply macrocosmic and microcosmic, or systemic, resonances of the same thing. Thus, impacting any sphere, human, social, environmental, or spiritual, impacts all other spheres [emphasis in original]. (p. 54)

By caring for the self, one is, by proxy, caring for the world since the self and the world are interconnected.

In turning to less traditional models of social change that center care for the self and others as part of the revolutionary project, we can *prefigure* the type of world we seek to create, making a world of anti-oppression in the here and now without burning ourselves out in the process. A term most often associated with the alterglobalization movement, prefiguration refers to a set of practices where “the processes we use to achieve our immediate goals are an embodiment of our ultimate goals, so that there is no distinction between how we fight and

what we fight for" (Maeckelbergh, 2009, p. 66). In other words, the means are just as important as the ends. If social equality, for example, is achieved via coercion or violence, then social equality has not truly occurred since it took arguably unequal practices in order to achieve it. As Pérez (2007) notes, "The work is not just about what we do, but how we do it; the process is just as important as the outcome" (p. 97). To experience activist burnout, which I have already established as a form of violence, while engaging in movements for a "better" world, then, is to fail ultimately in our work because by being burnt out, we are prefiguring a world we we are overworked, exhausted, and depressed - we are prefiguring a world of violence.

For me, recognizing that the process is just—if not more—important than the outcome has been one of the most important realizations of my activist work because it has enabled me to see self-care as a collective goal, not an individual luxury, thereby lifting much of the guilt I have felt when trying "to take time out" from my activist work. In the past, whenever I felt burnt out and needed a "break" to regroup, I always felt intense shame at doing so. All of the other activists seemed to have huge reservoirs of energy that were unending, never needing or seemingly desiring time for self-care. Although I doubt that this is, in fact, true, the guilt I felt at having experienced burnout was so strong that it seems as if everyone around me was "just fine." By seeing burnout as a mechanism of violence and control - and envisioning self-care as a collective goal—I no longer feel selfish and guilty at taking the time needed to care for myself because I have realized that social change "is only radical if it promote struggle and growth at every level - for society at large, in our intimate and everyday relationships, and internally within ourselves" (Jones de Almeida, 2007, p. 192).

What my project has led me to believe is that we need to advocate for a paradigm shift within activist communities, a shift that positions self-care as central to the pursuit of social

justice. After all, in the white supremacist capitalist patriarchy in which we live, to take care of ourselves is to challenge social systems that continually seek to destroy the Other. I am reminded, here, of Audre Lorde's quote, "Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare," for in systems "defined by profit, by linear power, by institutional dehumanization, our feelings [and ourselves] were not meant to survive" (2007, p. 39). Indeed, I remain fairly convinced that burnout could be a far less prominent issue within activist communities if self-care were seen as "an act of political warfare," a form of social change. Of course, I am not suggesting that adding self-care to the panoply of current social change activities will eliminate burnout altogether. To do so would require a massive restructuring of society, but at the very least, we as activists can begin to see caring for ourselves as part of caring for the world.

## **6 CONCLUSION**

As I am finishing the redevelopment of GRJAN's practical support program, I feel confident that it will accomplish the goals I had set for the project—attending to the holistic experience of abortion for GRJAN's clients and, in doing so, enacting a world of reproductive justice. Originally, I did not envision the role of care—both for others and the self—to become such a central organizing principle of this project. But in retrospect, I cannot imagine how else it could have been! To create a world of reproductive justice is essentially, I think, to create a world of care, and I hope that GRJAN's practical support program can act as one step, albeit small, toward such a world.

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## **APPENDIX: PRACTICAL SUPPORT MANUAL**

### **HANDBOOK CONTENTS**

**Introduction to the Practical Support Manual**

**Guiding Principles of Practical Support**

**Physical Care**

**Emotional Care**

**Spiritual Care**

**Appendix**

**Referral Contacts**

## Introduction to the Practical Support Volunteer Manual

The purpose of the following manual is to provide practical support (PS) volunteers with the necessary training to serve our clients experiencing abortion. We have a PS program because we know that “choice” means little without access. Not only do low-income people struggle to find the funds to pay for an abortion, but they often struggle to secure lodging, transportation, and support for the abortion, too.

Most low-income people live in places far away from abortion clinics. For rural, low-income people, getting an abortion can be really difficult, if not impossible. For example, in GRJAN’s service area, there are only 90 abortion providers for a population of nearly 18 million self-identified women. This means that there’s only 1 abortion provider per 200,000 women! <sup>7</sup>

When we break these numbers down by state, things can look even grimmer:

- In northeast Georgia, our original service area, 18% of people live in poverty. There are no abortion providers.
- In Georgia, 16.5% of people live in poverty. Only 6% of Georgia counties have abortion providers. 57% of Georgian women live in counties without abortion providers.
- In Alabama, 14.3% of people live in poverty. Only 7% of Alabama counties have abortion providers. 61% of Alabaman women live in counties without abortion providers.
- In North Carolina, 16.3% of people live in poverty. Only 14% of North Carolina counties have abortion providers. 50% of North Carolinian women live in counties without abortion providers.
- In South Carolina, 17.1% of people live in poverty. Only 7% of South Carolina counties have abortion providers. 73% of all South Carolinian women live in counties without abortion providers.
- In Tennessee, 17.1% of people live in poverty. Only 6% of Tennessee counties have abortion providers. 59% of Tennessean women live in counties. <sup>8</sup>

This is why GRJAN exists. The right to a legal abortion means little when there are statistics like the ones above.

As a PS volunteer, though, we know that offering PS isn’t just about these material things. While providing clients housing, transportation, or clinic escort services, you’ll need to offer physical, emotional, and spiritual support, too. This training manual is meant to give you the necessary information on how to provide *holistic* and *comprehensive* abortion care for our clients.

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<sup>7</sup> U.S. Department of Commerce, Census Bureau, *State and County QuickFacts*, <http://www.census.gov/> (accessed May 11, 2006).

<sup>8</sup> Rachel Jones and Kahtryn Kooistra, “Abortion Incidence and Access to Services,” *Perspectives on Sexual and Reproductive Health* 43, no. 1 (2011), <http://www.guttmacher.org/pubs/journals/4304111.html> (accessed May 11, 2013).

Each section of the training is dedicated to a specific part of abortion care: physical, emotional, and spiritual. At the end of the manual in the Appendix, you'll find readings and training exercises for you to complete. The Appendix follows the same organization as the manual itself, so the supporting documents you find there will also be organized by physical, emotional, and spiritual care. Your PS trainer will provide more detailed instructions about these resources during your training.

However, before continuing, it's important to note that PS volunteers aren't mental health professionals, and we don't expect you to act as such with our clients. If at any point during your PS volunteering you feel uncomfortable or ill-equipped to handle a client's mental health concerns (i.e., threat of harm and/or suicide), please contact your Board Back-Up (BBU) as soon as possible.

We thank you so much for your willingness to make abortion care even better in the Southeast, and we look forward to working with you in the future.

## Practical Support Programming

When we talk about PS at GRJAN, we're referring to a group of activities where volunteers have direct, one-on-one contact with clients. You may volunteer as a clinic escort for a client; you may open up your home for a place to stay for a client; or you may volunteer to transport a client back and forth from the clinic.

No matter in what capacity you volunteer, you'll need to be trained on how to care for a client as *zie* is going through the process of an abortion. After all, getting an abortion can be a difficult thing for anyone, and we want to make sure that you're prepared to work with clients who might be struggling with their decisions to terminate their pregnancies.

## Guiding Principles—Caring for Individuals Having Abortions

### Pro-Voice Counseling

To do so, we ask that PS volunteers follow the “principles of Pro-Voice counseling,” a list of guiding values that Exhale—a free, nationwide hotline for post-abortion support—has crafted for working with people going through abortions.<sup>9</sup> These values include (1) valuing the emotional health and accepting the full scope of human emotions; (2) recognizing every person as a *whole* person and knowing there are many different parts of a person's life that contribute to his abortion experience; (3) honoring all people's political, social, and religious beliefs and using their belief systems to support them through the abortion process; (4) collaborating with people to figure out their own sense of wellbeing, and always recognizing the inherent resilience and resourcefulness of each person; and (5) reminding everyone of their individual strengths, and allowing them to be their own resource as they face future challenges.<sup>10</sup> Taken together, these values help people going through abortions to cope and to heal from whatever distress they may face.

Exhale envisions “pro-voice communication” as a “nonviolent practice” that can reduce and reconcile conflict in the world.<sup>11</sup> As Exhale explains,

We believe we can transform the social conflict surrounding abortion through pro-voice communication. The pro-voice approach accepts each person on their [sic] own terms, and invites every voice to be heard. When we let go of slogans and listen to each other, we create an open space for others to tell us something new. We believe that staying open to new information can lead to greater understanding and insight.<sup>12</sup>

At GRJAN, we also believe that by truly listening to and entering into compassionate dialogue with others, we can transform the world. As Layli Maparyan so beautifully explains, “When the process of dialogue becomes intentional and conscious, energetically directed toward a well-defined and principled end, dialogue becomes a powerful tool for social change.”<sup>13</sup> For individuals from marginalized communities—like women, people of color, low-income people,

<sup>9</sup> Exhale, *Pro-Voice Counseling Guide* (Oakland, CA: Exhale, 2011), n.p.

<sup>10</sup> Exhale, *Pro-Voice*, n.p.

<sup>11</sup> Exhale, *Pro-Voice*, n.p.

<sup>12</sup> Exhale, *Pro-Voice*, n.p.

<sup>13</sup> Layli Maparyan, *The Womanist Idea*, (New York, NY: Routledge, 2012), 60.

and LGBT people—being listened to and being able to tell their stories is a powerful act. Because of various systems of oppression (i.e., patriarchy, white supremacy, capitalism, etc.), many marginalized people aren't allowed to express themselves fully because they and their experiences aren't deemed "worthy" enough.

By holding the ideas of Pro-voice communication in mind as you volunteer, you'll be offering our clients an opportunity to share their ideas, experiences, and stories about abortion, which in turn helps to counter the oppressive realities of our society as well as to de-stigmatize abortion (see Emotional Care: Understanding the Complexity of Abortion for more information).

## Defining Compassionate Listening

Central to the concept of Pro-voice counseling is the art of listening. In a society where abortion remains a highly stigmatized procedure—often referred to as "murder" by anti-abortion activists—lending a listening ear and compassion are crucial to helping others work through their abortion experiences, whether good, bad, or somewhere in between. To do so, we ask that you provide *compassionate listening*, sometimes referred to as empathetic listening, to our clients. By offering non-judgmental support, you'll provide clients with a safe space to talk about their abortion experiences—a rare occurrence in a culture so hostile to abortion.

According to Carol Hwoschinsky in *Listening with the Heart: A Guide for Compassionate Listening*, compassionate listening refers to

a quality of listening which creates a safe container for people to be free to express themselves and to go to the level of their deep concerns. It simply and profoundly means empathizing with the feelings and condition of people who have been affected by events and circumstances, sometimes of their own doing, and sometimes out of their control. It has everything to do with caring for the state of another human being.<sup>14</sup>

Moreover, there are five core practices of compassionate listening that we want you, as a PS volunteer, to keep in mind as you work with clients: cultivating compassion, developing the "fair witness," respecting self and others, listening with the heart, and speaking from the heart.<sup>15</sup>

*Cultivating Compassion.* As a PS volunteer, we hope that you'll continually endeavor to cultivate compassion toward the experiences of our clients, no matter your personal beliefs and/or experiences. Cultivating compassion includes fostering empathy, expressing and experiencing gratitude, and the ability to step into someone else's proverbial shoes: "seeing and feeling the world from their perspective to the extent that we can."<sup>16</sup>

For example, when listening to a client tell hir story, always say, "Thank you for sharing your story with me." Although such a statement may seem insignificant, it's not. When we cultivate compassion, we recognize how hard it is to share deeply personal information. To open ourselves to others and to render ourselves vulnerable is difficult and requires a certain level of

<sup>14</sup> Andrea Cohen, *Listening with the Heart: A Guide for Compassionate Listening*, (Indianola, WA: The Compassionate Listening Project, 2001), 3.

<sup>15</sup> Andrea Cohen, *Practicing the Art of Compassionate Listening* (Indianola, WA: The Compassionate Listening Project, 2011), 12-13.

<sup>16</sup> Andrea Cohen, *Practicing the Art*, 12.

courage and strength. The simple act of expressing thanks, then, demonstrates to clients that you recognize and honor their courage and strength in sharing their personal stories.

*Developing the Fair Witness.* The term “fair witness” refers to the ability to step outside of your own shoes and to see the world in both its “complexity and ambiguity.” Our clients come from a wide variety of backgrounds, and each client has come to hir abortion with a very different life experience. By becoming “fair witnesses,” we learn “to recognize and contain our...triggers and suspend judgment enough to stay connected and listen fully to another person’s story and perspective.”<sup>17</sup>

For example, some of our clients are in abusive relationships, and you might have really strong ideas about what zie should do—perhaps you think zie should immediately leave hir partner. You should refrain from telling hir so, and never let your personal ideas about what zie should do impact your ability to provide compassionate, non-judgmental support. Maybe you would leave an abusive situation in a similar situation, but that’s *you*, and you’ve had a very different life experience than the client. Remember that zie’s doing what is best for hir given hir life experience and current situation.

*Respecting Self and Others.* This might seem like a “duh” request, but it’s always worth reiterating. Always remember to respect yourself and our clients when working as a PS volunteer. This means, having “healthy boundaries that are both protective and permeable” and “trusting that each of us has the capacity to resolve and heal our conflicts.”<sup>18</sup> Don’t overstep your or our client’s boundaries as you offer PS. If you’re concerned you might step over a boundary, simply ask! It’s always better safe than sorry.

For example, as you’re bringing the client to the clinic, zie begins to cry. Your immediate thought is to offer hir a hug or some other sign of physical reassurance. Before doing so, though, ask the client, “Would you like a hug?” Zie may not like to be touched physically. Maybe zie’s been sexually assaulted in the past, or zie’s simply a person with very strong physical boundaries. By asking for hir consent, you’re showing that you respect hir boundaries.

*Listening with the Heart.* Too often, we listen with our “minds,” not our “hearts.” While we’re “listening,” we’re actually somewhere else—thinking about what we’re going to say next or wondering about our next meal. When we listen with our hearts, we stop thinking and start being. We are in the “present” moment, focusing our complete attention to what the person next to us is saying. To listen with the heart takes a lot of practice, and at the end of this section, you’ll find some exercises to help cultivate listening with the heart.

For example, a client is pouring hir heart out, so to speak, and you’re “listening,” but not really. You’re actually thinking about your homework assignment or your next big job project. Your focus begins to drift, and your eyes glaze over. The client notices that you’re not truly listening to hir and shuts down. You’ve just closed the opportunity to develop trust with the client. If you’d been fully present, really listening to the client, this likely wouldn’t have occurred, and you’d be able to continue offering compassionate, non-judgmental support to hir—the ultimate goal of a PS volunteer.

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<sup>17</sup> Andrea Cohen, *Practicing the Art*, 12.

<sup>18</sup> Andrea Cohen, *Practicing the Art*, 12-13.

*Speaking from the Heart.* Just as we listen without actually listening, we often speak without really considering what we're saying. To speak from the heart is to speak with intention, compassion, and non-judgment. As Thich Nhat Hanh, a celebrated Buddhist monk, notes in the Fourth Mindfulness Training,

Knowing that words can create happiness or suffering, I am committed to speaking truthfully using words that inspire confidence, joy, and hope. When anger is manifesting in me, I am determined not to speak...I will speak and listen in a way that can help myself and the other person to transform suffering and see the way out of difficult situations. I am determined not to spread news that I do not know to be certain and not to utter words that can cause division or discord.<sup>19</sup>

We've all been in situations where we've said things we didn't really mean because we didn't think about what we said before we said it. Usually, the things we say are hurtful, even if they weren't meant to be. When working with clients, be careful and selective of what you say. For example, if you're watching a television show together and a character comes on-screen wearing what's considered "promiscuous" clothing, don't sputter out something like, "Oh, she's just asking for *it*." You don't know if a client has been sexually assaulted in the past, and saying something so haphazardly—and not to mention wrong—can tremendously hurt a client and create an unsafe environment for hir.

By practicing these five core practices of compassionate listening, you'll offer GRJAN clients a safe, compassionate, and non-judgmental space to talk about their experiences with abortion openly and honestly. In doing so, you're challenging the oppressive culture in which we live—a culture that demonizes people for making the tough decisions that are best for themselves, their families, and their communities.

## Using Compassionate Listening Techniques

But you might be wondering, how do I actually *do* compassionate listening? There are lots of different ways to be a compassionate listener, and by no means are we "experts" in the field of compassionate listening; however, we've compiled a list of different techniques we've found to help us be compassionate listeners.

*Ask Open-Ended Questions.* Answers that need more than a "yes" or "no" answer are more likely to solicit deeper and more engaged responses. As a result, open-ended questions are better able to capture a client's story. For example, asking, "How are you?" will likely have a more detailed response than "Do you feel bad?"

*Encourage.* Offer brief, positive prompts to remind a client that you're listening. Nod your head. Make a brief comment, like, "Oh. Yes." This way, the client will feel as if you're interested in the conversation.

*Validate.* Always acknowledge and validate the client's problems, issues, and feelings. People will experience a wide variety of responses to abortion, and *they're all common and okay*. No

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<sup>19</sup> Thich Nhat Hanh, "Five Mindfulness Trainings," *The Order of Interbeing* (n.d.), <http://www.orderofinterbeing.org/for-the-aspirant/five-mindfulness-trainings/> (accessed May 11, 2013).

matter the emotional response of a client—anger, sadness, joy—remind hir that such a response is “normal” and lots of people experience the same feeling. We’ll explore specific examples of validating statements in the Emotional Care section of this manual.

*Restate.* Restate what a client says in your own words, rather than “parroting” the client. When restating a client’s response in your own words, you show the client that you’re actively engaged in the conversation. Lead with statements like, “I’m hearing you say....,” or “Let’s see if I’m clear about....”

*Emotionally Label.* Put feelings into words so that you can make sure you’re properly hearing the client. If you notice the client seems frustrated, you’d say something along the lines, “I’m hearing that you feel frustrated.” This way, you’ll be able to clear up any miscommunications. After all, you might sense the client is frustrated, but zie may, in fact, be sad.

*Summarize.* Bring together the facts, pieces, and emotional labels of the conversation to check your understanding. By doing so, you’ll make sure that you’ve understood everything correctly. After summarizing the situation, ask the client, “Am I getting this right?”

*Reflect.* Similarly, you’ll want to reflect the speaker’s words and sayings. If a client refers to hir pregnancy as a “baby,” then you should speak of the pregnancy as a “baby,” too. If a client refers to hir pregnancy as a “fetus,” then you should speak of the pregnancy as a “fetus,” too. You should speak to the client in terms that are more familiar and most comfortable to hir. If you’re ever unsure of what words to say, just ask!

*Allow Silence.* Allow for comfortable silences to slow down an exchange. Give the client time to think as well as talk. We’re often uncomfortable with silence, but silence can be a really helpful tool in working through difficult experiences.

*Redirect.* When a client seems overly aggressive, angry, or agitated—and is directing this emotions on to you—shift the discussion to another topic, one that’s preferably less intense. Prepare topics to discuss in case you need to redirect a conversation. Some of our volunteers use astrology as a “go-to” topic. Most people are, at the very least, familiar with astrology, and talking about a relatively non-controversial topic can cool things down *and* develop rapport between you and the client.

By using these compassionate listening techniques with clients, we’re positive you’ll create an atmosphere of empathy and non-judgment so crucial to helping clients work through their experiences of abortion.

## **Communicating Cross-Culturally**

Implicit to listening compassionately is communicating respectfully with people from different cultures and backgrounds. GRJAN’s clientele come from a wide variety of backgrounds, and as a PS volunteer, you’re going to interact with people who’ve had very different life experiences than you’ve had. A person’s gender identity, class and/or income level, race and/or ethnicity, nationality, sexual orientation, amongst others will all influence how a person engages in the world.



Before you can communicate with people from backgrounds different than your own, it's important that you know your own background. For your work at GRJAN, we want you to pay particular attention to the ways in which your various social identities (i.e., gender, race, and class) are oppressed or privileged in our society. As Exhale suggests in their *Pro-Voice Counseling Guide*, "Research and learn about the dynamics of privilege and oppression; how they play out in your own life and in the lives of others around you."<sup>20</sup> This requires learning about patriarchy, white supremacy, heterosexism, and capitalism, amongst other systems of oppression and privilege. Thinking about how privilege and oppression function in our own lives can be really difficult. You might be wondering, "Where do I begin?" We suggest working through the privilege exercise located in the Appendix of this manual as well as reading "White Privilege and Male Privilege" by Peggy McIntosh.

It's not enough, however, to know only about yourself when trying to communicate cross-culturally. You also need to learn about other people—their cultures, their beliefs, their experiences. As Exhale explains, "We interact with multiple communities (geographical, ethnic, faith, educational, workplace, etc...) and identities (including gender and sexuality) that shape our cultural experiences in particular ways."<sup>21</sup> Knowing how different communities and identities influence our clients' experiences is crucial to knowing how to communicate with them and, therefore, to care for them. But learning about other experiences also means realizing that "diversity exists both *between* and *within* cultures [emphasis in original]."<sup>22</sup> For example, even though we all live in the United States, our experiences of American culture are going to be different from one another. An immigrant living in urban New York City will have a markedly different "American" experience than a born-again Evangelical woman living in rural Iowa. In other words, avoid making assumptions about others' experiences based on your previous knowledge, and of course, this means staying clear of stereotypes.

When working with GRJAN's clients, one of the strongest markers of difference you'll likely encounter is class. Nearly all of our volunteers and board members come from solidly middle-class backgrounds—there are a couple of exceptions—while all of our clients come from low-income and poor backgrounds. This can be a really tricky difference to navigate because we often refuse to talk about class in American culture. As a PS volunteer, though, you'll confront class all of the time when working with clients, and it's important that you're prepared to deal with situations where class difference may cause conflict. Of course, we don't have a "magic bullet" for solving any difficulties that arise because of differences in class, but we hope that by bringing your attention to class, you'll have a better sense of what to expect as a PS volunteer.

But how might class differences cause tension between you and a client? We'll use an example from one of our PS volunteers, Dolly—not hir real name. Dolly comes from a lower middle-class family, and zie's finishing up hir Bachelor's degree in Atlanta. Zie's agreed to escort a client back and forth from the clinic, bringing hir to another volunteer's home for an over-night stay. When the client's finished with hir procedure, Dolly's ready to bring hir to the next volunteer's house, but as they're traveling together, the client asks Dolly to stop by Wal-Mart to pick up some sanitary napkins and after-care medications. Dolly quickly agrees, thinking little of it, but once they arrive at Wal-Mart, it becomes apparent that the client can't afford a box of sanitary napkins, let alone hir after-care medications. Since Dolly lives in a middle-class world, where

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<sup>20</sup> Exhale, *Pro-Voice*, 11.

<sup>21</sup> Exhale, *Pro-Voice*, 11.

<sup>22</sup> Exhale, *Pro-Voice*, 11.

zie doesn't have to worry about paying for basic necessities, zie hadn't considered that the client wouldn't be able to pay for something that Dolly has no problem paying for. Luckily, Dolly was able to help the client out, assuring the client that it wasn't a "problem" and that zie was happy to contribute.

Similarly, clients will sometimes make assumptions about your class status that aren't true since you're involved in an organization that distributes money. One of our self-identified low-income volunteers struggled with this a lot when zie first started volunteering. Doug—not hir real name—grew up in a poor family that struggled to find enough money for food. Zie grew up in rural Georgia, and zie was only able to attend college because of subsidized government grants, like the Pell Grant, and scholarships zie'd acquired. When working with clients, zie feels a very strong connection to their experiences because zie's "been there." Zie knows what it's like to be poor in America. More often than not, however, clients assume zie's middle-class because zie's volunteering for an organization that seemingly has a good deal of money. After all, for many low-income folks, volunteering is seen as a luxury—time volunteering is time that could be spent working. If Doug had been in Dolly's position, for instance, Doug wouldn't have been able to spare the extra cash to pay for the client's sanitary napkins and after-care medications. Doug would need to explain that just because zie volunteers with GRJAN doesn't mean zie's financially well-off.

After reading these two examples, we hope it's become clearer to you how class—both your class status and a client's class status—can impact our work. The same can be said for any other social identity, including race and sexual orientation. We've purposefully provided two examples that focus on the "little" things, like sanitary napkins, because it's the "little" things that demonstrate how a person's social identity informs hir experience of the world.

While working as a PS volunteer, then, we want you to be conscious of both your own background and those of your clients; however, we don't want you to become overwhelmed with difference. Sometimes, in social justice work, we focus some much on our differences that we forget our similarities, and at GRJAN, we want you to remember always that even though we're different from one another, we're also deeply interconnected with each other. When we begin to see ourselves as interconnected to one another, "we look beneath surface judgments, rigid labels, and other divisive ways of thinking; we seek commonalities and move toward collective healing."<sup>23</sup> For our clients, focusing on difference to the exclusion of commonality can prove disastrous. After all, many of our clients already feel "different" and alone because of their abortions. Be mindful that you may come from very different backgrounds but that you're working together for a common goal—to make hir abortion experience as stress-less as possible, helping hir to cope with any struggles zie may experience during hir abortion.

Last, but certainly not least, to communicate across differences requires dialogue. Keeping in mind the principles of compassionate listening we explored earlier, we hope that you'll create meaningful dialogues with clients to learn more about them, their lives, and their experiences. This will also give them a chance to learn more about you, and in learning about each other through GRJAN's PS program, we hope that social change, however small, can be accomplished. As Layli Maparyan beautifully explains in *Womanism: On Its Own*,

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<sup>23</sup> AnaLouise Keating. *Teaching Transformation: Transcultural Classroom Dialogues*, (New York, NY: Palgrave-McMillan, 2007), 2.

Dialogue is a means by which people express and establish both connection and individuality. Dialogue permits negotiation, reveals standpoint, realizes existential equality, and shapes social reality. Dialogue is the locale where both tension and connection can be present simultaneously; it is the site for both struggle and love.<sup>24</sup>

Indeed, dialogue offers us a powerful tool for building trust, compassion, and empathy in a world that is most often defined by distrust, violence, and hate. By engaging with clients on a topic as fraught with difficulty as abortion, we know that you'll help at least that client lead a healthier and happier life—the ultimate goal of reproductive justice.

Before moving on to the details of physical, emotional, and spiritual care, here are some other things to remember as you communicate with clients:

*Resist Labels.* At first, this tip may seem strange. Resist labels? But this entire section has been focused on how our social identities (i.e., social labels) influence how we live in the world! We're not suggesting to get rid of labels altogether; they can be useful. Rather, we want you to be aware of how social identity categories can be "dangerous when we use them unthinkingly, without self-reflection. When we *automatically* label people..., [w]e build walls and isolate ourselves from those whom we have labeled 'different.'" <sup>25</sup> Don't automatically label people according to your preconceived ideas about who you think they are. In more practical terms, *avoid stereotyping*.

*Remember Context.* We've all been in situations where someone's hand gestures or facial expressions changed how we understood what he/she was saying—for better or worse. Always keep in mind that your social understanding of a gesture "may be very different from that of the person you are talking with." <sup>26</sup> If something feels "off" to you or seems "off" to the client, "respectfully inquire about the intended meaning." <sup>27</sup>

*Listen to Others.* We hope that, by now, the importance of listening to others is well established, but it always can bear repeating, especially when thinking about cross-cultural communication. Remember that everyone experience their own cultural backgrounds differently (i.e., the previous example about experiencing American culture). Listen to how clients describe their experiences, and don't assume that people from similar backgrounds will have similar experiences.

And always remember that "building cultural capacity is a lifelong learning process." <sup>28</sup> We don't expect you to develop such a capacity overnight, but we do expect you to try your best, learn from your mistakes, and reach out when you need help.

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<sup>24</sup> Layli Maparyan, "Womanism: On Its Own," *The Womanist Reader*, (New York, NY: Routledge, 2006), xxvii.

<sup>25</sup> AnaLouise Keating, *Teaching Transformation*, 3.

<sup>26</sup> Exhale, *Pro-Voice*, 11.

<sup>27</sup> Exhale, *Pro-Voice*, 11.

<sup>28</sup> Exhale, *Pro-Voice*, 11.

## Physical Care

Before getting into the details of physically caring for people experiencing an abortion, let's talk a little bit about abortion procedures themselves. After all, it's crucial that as a PS volunteer, you understand how different types of abortions work.

### Understanding Abortion

Today, there are two ways in which to perform an abortion: medical and surgical. Most of our clients will be having surgical abortions, but in the past, we've also worked with clients who've had medical abortions. Below, you'll find a brief discussion of these abortion procedures so that you'll be knowledgeable about the practices involved with them.

*Medical Abortion.*<sup>29</sup> Medical abortions occur when an individual ingests an abortifacient or an abortion-inducing substance. Currently, the Food and Drug Administration (FDA) has approved only 1 medical abortion regime in the United States: 600 milligrams of mifepristone followed with 400 micrograms of misoprostol.

When having a medical abortion, an individual will first consume mifepristone, also known as RU-486, which will stop the body from creating progesterone, the hormone that builds up the uterus' lining and, thereby, supports embryo development (i.e., the pregnancy). A few days later, once the uterine lining has been weakened, an individual will then ingest misoprostol, which will expel the pregnancy. In other words, misoprostol forces the uterus to begin contractions, effectively pushing out the uterine lining and the fetus.

For most people, a medical abortion is similar to a miscarriage. The most common side effects of medical abortion are vomiting, diarrhea, nausea, and perhaps obviously abdominal cramps. When used in the first nine weeks, medical abortion is between 95% and 98% effective, and rarely will an individual be required to have a surgical abortion in addition to the medical abortion (i.e., in case the pregnancy isn't fully expelled).

*Surgical Abortion.*<sup>30</sup> Although there are several different types of surgical abortion, the most common ones are vacuum extraction (aspiration), dilation and curettage (D&C), and dilation and evacuation (D&E).

Vacuum extraction is the most common method of surgical abortion. There are two types of vacuum extraction methods: manual and machine. The manual vacuum extraction option can be done within the first 6 to 7 weeks of pregnancy. During this procedure, a doctor inserts a tube through the individual's cervix and into the uterus and then applies suction to extract the fetus. In a machine vacuum extraction, the individual's cervix is dilated and then a machine applies suction to remove the uterine contents. Machine vacuum extraction can be used in the first 6 to 12 weeks of pregnancy.

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<sup>29</sup> Molly Edmonds, "How Stuff Works: How Abortion Works" (2013), n.p., [www.people.howstuffworks.com/abortion1.htm](http://www.people.howstuffworks.com/abortion1.htm), (accessed on March 13, 2013).

<sup>30</sup> Molly Edmonds, "How Stuff Works," n.p.

Sometimes, a doctor will also need to use a curette to get rid of any remaining fetal tissue from the patient's uterus, and when a curette is used, the procedure is known as a dilation and curettage (D&C). When D&C is combined with vacuum extraction, a pregnancy can be terminated up until 16 weeks.

For pregnancies longer than 16 weeks, abortions can be performed using the dilation and evacuation method (D&E). D&E procedures use all of the above methods, but they also require additional surgical instruments because the fetus is more developed. Usually, a doctor will give the fetus a shot through the patient's abdomen to make sure that the fetus is dead. Then, the patient's cervix will be dilated with medication, and the fetus will be removed via aspiration and curettage. However, because the fetus is more developed, the person providing the abortion will use forceps to crush the fetus so that the fetal tissue can be removed more easily.

*For More Information.* We've attached a chart from *Abortion: Which Method is Right for Me?*—a workbook created by a group of health advocates that easily explains the differences between abortion methods—at the end of the manual in the Appendix so that you can have even more information on the different types of abortion.

### **Physically Caring for Abortion**

Abortion is one of the safest medical procedures today, and it's important to let clients know that abortion is a very safe procedure. Nevertheless, although rare, complications may arise, and it's crucial that you—as a PS volunteer—be prepared to care for a client in case of a medical emergency.

Before working with a client, make sure that you have a thermometer handy. It's recommended that clients take their temperatures at least once a day to catch any potential infections early. Also, make sure that zie takes all hir necessary medications, especially hir antibiotics. Taking them greatly reduces the chance of infection.

Clients will likely experience cramping and bleeding after their abortions. This is to be expected, and it's completely normal. However, you or the client should call the clinic as soon as possible—there's always someone on call—if the zie experiences any of the following symptoms:

- Temperature over 100 degrees (Fahrenheit)
- Bleeding is heavier than two pads per hour
- Clots being passed are larger than a 50 cent piece
- Severe and persistent abdominal pain
- Fever, chills, shaking
- Feeling faint and/or weak
- Discolored or smelly vaginal discharge

Any of these symptoms can point to severe medical complications, and you must seek proper medical attention as soon as possible for the safety of the client. If you can't get a hold of the clinic for whatever reasons, take the client to the nearest Emergency Room.

## Dealing with Pain

Physical pain is a normal and anticipated effect of abortion. But as we're all aware, everyone has different reactions to and thresholds for pain. We've compiled some strategies for helping clients cope with physical pain. Only use the strategies with which you and the client are comfortable, and obviously, if a client is in immense and debilitating pain, contact the clinic or nearest hospital as soon as possible.

*Over-the-Counter Pain Medications.* Perhaps the most widely used form of pain management is over-the-counter medications. These include Tylenol and Advil as well as their generics, acetaminophen and ibuprofen. As with any medication, however, make sure that you carefully read the label, and ensure that the client doesn't have any medical conditions that would contradict the medication. Follow the dosage recommendations, too. Overdoses are far more common than people think.

*Exercise.* Light to moderate exercise has been shown to alleviate pain. If a client is able and willing, offer to take a brisk walk together. The physical activity will release endorphins into the client's system, which can help mitigate cramping and physical discomfort. Plus, the physical activity will likely distract the client from any pain.

*Meditation and Deep Breathing.* Meditation and deep breathing have also been found to help people cope with pain. There are many types of meditation and deep breathing practices, so it's best to look for ones that feel most comfortable for you and the client.

*Aromatherapy.* In alternative medicine, aromatherapy has been long used to treat various physical, emotional, and spiritual ailments, including pain. Lavender is probably the most often used essential oil for reducing pain, but other essential oils that have calming and/or relaxing qualities include chamomile, sage, marjoram, and sandalwood. Share a cup of lavender and chamomile tea with a client, or burn some sage to soothe a client's pain. Please do not, however, directly apply any essential oils to the client's body *without* proper training. Essential oils can cause skin irritation.

*Massage and Therapeutic Touch.* Most people are familiar with massage as a tool for pain relief. After all, we all like a nice foot massage after a day on our feet! Of course, massage and therapeutic touch can be an intensely intimate affair, and as always, don't engage in any behavior with which you or the client feel uncomfortable. But if you're both willing, feel free to offer a short massage for a client to alleviate any pain! You can always use massage stones or gadgets if you don't feel comfortable with hand-to-skin contact.

It's worth repeating that you should only pursue the above pain management techniques if you and the client are comfortable with doing so.

*For More Information.* At the end of this manual, we've included a variety of different supporting documents on the topics addressed above. They're meant to supplement and augment your knowledge about the physical dimensions of abortion, and we strongly recommend that you review them before taking on your first client.

## Emotional Care

### Understanding the Complexity of Abortion

*Abortion Myths.* There are a lot of myths concerning abortion that float around in our culture. One of them is that people who have abortions do so out of “convenience.” The belief is that “irresponsible” people have abortions as an “easy way out,” a way to shirk the responsibility of parenthood so that they can keep on “living the good life.” Another myth is that people have abortions without thinking about the moral and ethical dilemmas of abortion. People who terminate their pregnancies do so “willy-nilly,” with little thought or consideration given to the decision.

Nothing could be further from the truth.

People have abortions for all sorts of reasons, but not for the reasons our society would have you believe. According to Lawrence B. Finer and others in “Reasons U.S. Women Have Abortions: Quantitative and Qualitative Reasons,” the “decision to have an abortion is typically motivated by diverse, interrelated reasons.”<sup>31</sup> Most people have abortions because they can’t afford a child at the time of pregnancy, and many others decide to have abortions because they need to care for existing children, have partner problems, and/or are unready to parent.<sup>32</sup>

As a PS volunteer at GRJAN, you’ll find that Finer’s findings are true. Most of our clients have abortions so that they can finish school and improve their socioeconomic standing as well as care for the children they’re already raising. In addition, a lot of our clients have abortions because they’re low-income—they simply can’t afford to care for a child, let alone themselves. Still others have abortions because they have unsupportive partners or, more often than not, their partners left them once they became pregnant. A smaller, but still significant, number of our clients have abortions because of rape and sexual assault.

Another common abortion myth is that abortion is psychologically and/or emotionally damaging to people. A lot of “pro-life” activists argue that abortion is a trauma, causing people to develop a form of Post-Traumatic Stress Disorder (PTSD) called Post-Abortion Syndrome (PAS). These claims caused such a stir that even the American Psychological Association (APA) got involved. In 2008, the APA created a task force on the topic, entitled *The Task Force on Mental Health and Abortion* (TFMHA).

Not surprisingly, or at least to us, the TFMHA found “no evidence sufficient to support the claim that an observed association between abortion history and mental health was caused by abortion per se, *as opposed to other factors* [emphasis added].”<sup>33</sup> These factors include

perceptions of stigma, need for secrecy, and low anticipated social support for the abortion decision; a prior history of mental health problems; personality factors such as low self-esteem and use of avoidance and denial coping strategies; and characteristics

<sup>31</sup> Lawrence B. Finer et al., “Reasons U.S. Women Have Abortions: Quantitative and Qualitative Reasons,” *Perspectives on Sexual and Reproductive Health* 37 (no. 3), 117.

<sup>32</sup> Lawrence B. Finer et al., “Reasons U.S. Women Have Abortions,” 117.

<sup>33</sup> American Psychological Association, *The Task Force on Mental Health and Abortion*, (2008), <http://www.apa.org/pi/women/programs/abortion/mental-health.pdf> (accessed on May 11, 2013), 4.

of the particular pregnancy, including the extent to which the woman wanted and felt committed to it.<sup>34</sup>

Several other studies also support the TFMHA's findings. But more importantly, these studies emphasize that people didn't regret their decisions to have abortions. *They regretted the lack of support, silencing, and stigma they experienced as a result of their abortions.*<sup>35</sup>

*Abortion Stigma.* According to Anuradha Kumara, Leila Hessinia, and Ellen M.H. Mitchell, abortion stigma is a "negative attribute ascribed to women" who have abortions. Because abortion challenges society's ideas about womanhood, women who have abortions are marked as "inferior." After all, to have an abortion "counters prevailing views of women as perpetual life givers and asserts women's moral autonomy in a way that can be deeply threatening."<sup>36</sup> In our society, it's believed that *all* women desire children, so women who don't want children aren't *really* women. As a result, women who've had abortions are shunned, marginalized, and silenced. To talk about abortion is to render oneself vulnerable to stigma.

However, it's important to remember that people experience abortion stigma differently given their social location. Trans-folks, for example, don't even factor into conventional narratives about abortion in the first place. For a trans-man to seek an abortion requires (1) "outing" himself as trans, which places him at risk for violence, and (2) finding an abortion care provider who'd even see him. It's well known amongst LGBT communities that access to reproductive health-care for trans-people is abysmal in our country, and there have even been trans-people who've died of reproductive cancers because doctors refused to care for them.

Similarly, in recent years, various organizations have started targeting African-American and Latino(a) people for having abortions. Billboards have popped up in Atlanta proclaiming, "Black children are an endangered species," and, "The most dangerous place for a Latino baby is in the womb." The purpose of these billboards is to promote the idea that abortion is a form of racial genocide, thereby dissuading people of color from having abortions and shaming people of color who've already had them. For people of color, then, abortion stigma isn't just about challenging what it means to be a "woman," but it's also about dealing with the belief that by having abortions, people of color are "betraying" their people.

For low-income people, too, abortion stigma works differently. Because of the Hyde Amendment, low-income people are denied federal funding for abortion. This means that people on Medicaid can't use their health-care insurance to cover their abortions. They must pay for their abortions out-of-pocket, adding another huge hurdle to abortion access.

For many of our clients, abortion stigma defines a large part of their abortion experiences. Because abortion remains a "taboo" topic, many of our clients feel as if they can't talk about their experiences with loved ones, and sometimes it's actually dangerous for them to do so.

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<sup>34</sup> American Psychological Association, *The Task Force on Mental Health and Abortion*, 4.

<sup>35</sup> M. McIntyre, B. Anderson, and C. McDonald, "The Intersection of Relational and Cultural Narratives: Women's Abortion Experiences," *The Canadian Journal of Nursing Research* 33 (no. 3), 47-62.

<sup>36</sup> Anuradha Kumara, Leila Hessinia, and Ellen M.H. Mitchell, "Conceptualising Abortion Stigma," *Culture, Health, and Sexuality* 11 (no. 6), 628.



As a PS volunteer, it's important to remember that there are lots of different reasons people have abortions and just as many emotional responses to abortion, and *they're all equally valid*. When providing emotional care to a client, always remember how complex the decision to have an abortion truly is.

## Working through Emotional Responses

No matter the person or hir situation, it's important to always *validate* hir decision to abortion and hir feelings concerning the abortion. Emphasize to clients that their decisions are always valid, and there's no "right" or "wrong" way to feel before, during, or after the procedure. Clients may experience a combination of relief, grief, anger, sadness, happiness, and any other imaginable emotional response. Reassure the client that hir feelings and emotional responses are "normal," and zie's not alone in feeling them. Sometimes, this reassurance is all a client needs.

Here are some examples of validating statements you can use when working with clients, no matter what their emotional responses may be:

- That sounds similar to things I've heard from lots of different people.
- You're not alone in having this kind of experience.
- Other people have talked to us about similar feelings to yours.
- It's understandable that you're feeling this way.
- I think what you're feeling is completely valid.
- It's okay to feel the way you do.
- It's okay to feel many things at once.
- There's no right or wrong way to feel.

Part of validating a client's experience is letting hir know that hir decision to have abortion is a brave and courageous one. Given the belief that people have abortions out of convenience, many of our clients feel "cowardly" for having an abortion, like they're just "getting rid of the problem." We know that this simply isn't true, so let clients know that! Let the client know that you believe zie's strong for having made such a difficult decision by saying things like

- I think you're brave.
- From what you're telling me, I think you're very strong.
- The fact that you had the courage to talk about this tells me that you have a lot of strength.
- It takes a lot of courage to have an abortion.
- It sounds like you made the best decision you could given your life right now.
- It sounds like you've done a great job dealing with a difficult situation.
- I see you as a good person.
- It sounds to me like you're a good mother.

Of course, clients will also feel a lot of other emotional responses to their abortions, and it can be tough to address difficult feelings, such as shame, with clients. Not to worry! Below, you'll find a quick chart of the types of responses we'd like you to provide to clients expressing particular emotional states. We've adapted these responses from Exhale's *Pro-Voice Counseling*

*Guide*, but remember these are only suggestions. They're not meant as "universal responses." Feel free to improvise and to come up with newer and better responses.

<b>Emotion</b>	<b>Suggested Response</b>
<i>Grief/Loss</i>	<p>Many people feel grief after an abortion. Can you tell me more about what you're feeling?</p> <p>Many people feel grief and loss after an abortion. But it doesn't mean you'll feel this way forever. Many people find that their feelings change over time.</p> <p>Sometimes, people find it helpful to do some healing practices after an abortion to release their grief and honor their sense of loss. Some people write a letter to the baby/fetus/pregnancy. Others conduct healing ceremonies. Do you think this would be useful for you?</p>
<i>Isolation/Loneliness</i>	<p>Abortion is a common experience. But since it's rarely talked about, a lot of people feel alone afterwards. The truth, though, is that 1 in 3 women have abortions.</p> <p>I understand that you don't feel like you can share your experience with loved ones. That must be really hard.</p> <p>I hear that you're feeling alone right now. I want you to know that there are places where you can talk freely and openly about your abortion.</p>
<i>Relief</i>	<p>It's great that you feel relief! It's an emotion lots of people feel after an abortion.</p> <p>It sounds like you spent a lot of time thinking about this decision, and you made the best one for you. It makes sense you'd feel relief now that it's all over.</p> <p>It's okay to feel relief. This has been a difficult situation for you, and lots of people feel relief after their abortions.</p>
<i>Sadness/Depression</i>	<p>I'm sorry to hear that you're sad. Could you tell me more about why you feel sad?</p> <p>It's okay to cry.</p> <p>Many people feel sad after an abortion, but it doesn't mean you'll feel this way forever. Feelings change over time.</p>

Would you like to figure out some ways you can help express and move through your sadness? What types of things have you done in the past to cope with similar feelings?

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*Confusion*

It's natural to have lots of mixed emotions after an abortion. It can be a confusing place to be.

What are some of the things that feel confusing right now? Maybe we could talk them out piece by piece.

Sometimes people find writing a journal entry is helpful to work through confusing feelings. Do you think that would help you? If not, what else might help you?

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*Guilt*

I hear that you're feeling guilty. Can you tell me more about the reasons you're feeling guilty?

You're definitely not alone. I've heard from a lot of other people who felt guilt after their abortions, too.

It's okay to feel guilty, but I want you to know that I believe you made the best decision for you.

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*Shame*

It's okay to feel this way, but I want you to know that I believe you have nothing to be ashamed of.

You're not alone in this. Other people feel shame after an abortion, too. Many people find that they're able to work through this feeling.

I don't think you're bad/dirty/shameful for having an abortion.

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*Anger*

Do you want to talk about what's making you angry right now?

I get the sense that you're angry about your situation. And I don't blame you for feeling this way. It sounds like you've gone through some really tough things.

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## **Finding Support**

Another way to help care for a client emotionally is to help hir locate other sources of support. Given the stigma surrounding abortion, you may be the only person a client has told about hir procedure, beyond the medical personnel involved with the procedure. And it's great that we're

here to provide such an important and vital service! But it's also important to help clients find other support systems so that they have people to talk to *after* we've worked with them, especially those struggling with their decisions.

You can begin the conversation about finding support for the client by openly saying, "I'm concerned that you don't have much support for your decision. Would you like to think about possible support systems for you after your procedure?" If a client declines, then simply stop the conversation, but if zie is interested, then work with hir to figure out who zie could reach out to for support.

*Brainstorm.* Work with the client to figure out if zie has any close friends or family members who'd be sympathetic to hir situation. Always make sure that any potential allies are safe, meaning that the client's personal safety isn't placed in jeopardy when and if zie reveals hir abortion.

*Offer Suggestions.* Help the client think about ways to approach hir abortion with a potential ally. If the client is willing, set-up some mock conversations so that zie can have practice. For example, let the client know it's often best to approach sensitive topics with another person when both parties are in a safe and controlled environment. It's also best for the client to set up the conversation with hir expressions of hope and fear about how they'll be received (i.e., "I need to talk to you, but I'm worried about how you're going to react").

*Provide Resources.* Of course, not all clients will feel comfortable or safe talking about their abortions with anyone in their social networks. And that's okay. Always offer any client outside resources where they can get support after working with us. Exhale and Backline, for instance, are both free hotlines with trained counselors, who provide compassionate and non-judgmental post-abortion support. Websites like *Our Truths* and the *1 in 3 Campaign* are also good resources because they publish people's experiences of abortion, which can help clients feel less alone and isolated.

## Healing Processes

For many clients, just having someone to talk to about their abortions will be enough to help them cope with their experiences. For others, the healing process may take much more simply "talking it out." For these clients, it might be useful to suggest to them various healing practices that people have found helpful after an abortion. You can work through these exercises together, or you can give them to clients so that they can work on them on their own later on. Of course, these are only suggestions, and you should emphasize to clients that they're just that—suggestions. Don't force any practice upon a client.

*Telling the Story.* Sharing our stories is a powerful tool for healing. "Psychotherapists find that when people tell their life stories they often come to value the depth and complexity of themselves."<sup>37</sup> Ask the client to share hir *entire* story with you, or if zie doesn't feel comfortable talking about hir story with you, recommend that zie write it down. Have the client start from the "beginning" of the pregnancy, however zie defines it, and work hir way to the present

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<sup>37</sup> Candace de Puy and Dana Dovitch, *The Healing Choice: Your Guide to Emotional Recovery After an Abortion* (New York: Fireside, 1997), 187.

moment. Make sure to emphasize that this exercise isn't about analysis or judgment.<sup>38</sup> It's simply a way to get hir story out there.

*Building Confidence.* Sometimes, an unexpected or unplanned pregnancy—and subsequent abortion—can leave us feeling “stupid,” and for some clients, self-confidence may be lost. If a client seems to be struggling with a loss of confidence, ask hir to list 10 of hir personal achievements, personal abilities, and positive personal qualities. By gently bringing awareness back to the client's achievements, abilities, and positive qualities, you'll help the client remember hir personal worth and value.<sup>39</sup>

*Forgiving.* After an unplanned pregnancy and abortion, many people feel a strong sense of guilt, and sometimes, people need to forgive themselves to move on from their abortions. If you sense that a client is struggling to forgive himself, offer hir some forgiveness exercises. One of the most common forgiveness exercises is to write “a forgiveness letter.” Have the client write a letter to himself, providing forgiveness for all of the “reasons” zie became pregnant and needed an abortion.<sup>40</sup>

*Making Art.* For clients who are more creatively inclined, creating art offers a great tool for working through difficult experiences and emotions. Of course, we recognize that access to materials is likely to be limited during your time as a PS volunteer with a client, but you can always talk with the client about potential creative outlets to release any unwanted emotional responses to hir abortion. Painting, sculpture, writing, amongst others are all types of creative endeavors people have found helpful working through their experiences.<sup>41</sup>

*Creating a Ritual.* Nearly all of the post-abortion support source we drew upon for this manual note that many people find creating rituals after their abortions to be really helpful in their healing processes. People have made personalized rituals to say good-bye to the fetus, to resolve anger, to reinforce spirituality, to say thanks for the abortion, to apologize to the fetus, and a host of other different things!

When creating a ritual, the authors of *The Healing Choice* recommend several elements to set the stage. Feel free to share these ideas with clients if they seem interested in using rituals to mark their healing processes.

*Finding the Right Space, Time, and Light.* A ritual can be performed anywhere, but most people like to pick places, dates, and times that are meaningfully to them. For example, some people find marking the anniversary of their abortions as especially symbolic for holding a ritual. Whatever a client decides, a ritual should make sense to hir and fit hir needs.

*Creating a Special Place.* For some people, creating a “special” object to focus attention upon during the ritual is important, kind of like an “altar” associated with places of spiritual worship. This can take a lot of different forms, so work with the client to see what zie envisions for hir ritual.

<sup>38</sup> Candace de Puy and Dana Dovitch, *The Healing Choice*, 187.

<sup>39</sup> Candace de Puy and Dana Dovitch, *The Healing Choice*, 187.

<sup>40</sup> Candace de Puy and Dana Dovitch, *The Healing Choice*, 189.

<sup>41</sup> Candace de Puy and Dana Dovitch, *The Healing Choice*, 197-198.

*Incorporating Music, Readings, and Recitations.* Music, poetry, and meaningful writings are often excellent things to bring to a ritual because they're often much better at conveying emotions and feelings than we can. Selecting works of music and poetry that have special meaning usually work best in personal rituals for healing.<sup>42</sup>

*Meditating and Praying.* Whatever a client's particular spiritual and/or religious affiliation, setting up time for quiet contemplation, like in meditation and prayer, is a powerful tool for healing. If you're comfortable doing so, offer to engage meditation or prayer with the client, or if the client would rather do so alone, give hir some "space" to do so.<sup>43</sup>

*For More Information.* For all of the preceding discussions on providing emotional care to clients, you'll find supporting documents at the end of the manual in the Appendix to help augment your ability to offer emotional care.

## Understanding "Risk"

At GRJAN, we don't believe in isolating abortion from a client's life experience and history, and it's important to remember that some clients may be at greater "risk" for experiencing trouble with their decisions to terminate unwanted pregnancies. As the authors of *A Guide to Emotional and Spiritual Health after an Abortion* note,

Generally, a well thought out decision and good support from those around us *before* an abortion improves the chances of emotional health *after* an abortion. Sometimes that is not possible. We know from extensive experience and research that some women are at greater risk than others for problems after an abortion [emphasis in original].<sup>44</sup>

It's important to note, though, that simply because a client presents "risk" factors *doesn't* mean that zie will find coping with hir abortion difficult. Try not to make assumptions about a client because of hir previous experiences. We're offering you this information just so that you'll be aware of the research and prepared "in case of" scenarios.

Studies have indicated that individuals who've experienced any of the following are at a higher "risk" for ill health after an abortion.

- Presence of domestic violence and/or abuse,
- History of mental health problems, like depression and anxiety,
- Previous trauma or difficult coping due to previous trauma,
- Opposition to the abortion from someone close to the client, like a partner or family member,
- Extreme lack of social support,
- Termination of an important relationship near the abortions (i.e., partner leaves or family member dies),

<sup>42</sup> Candace de Puy and Dana Dovitch, *The Healing Choice*, 198-200.

<sup>43</sup> Candace de Puy and Dana Dovitch, *The Healing Choice*, 202-203.

<sup>44</sup> Margaret R. Johnston, *A Guide to Emotional and Spiritual Health After an Abortion: A Resource for Women Making a Difficult Decision*, (2003), 8-9.

- Conflict with beliefs about an abortion—client may be “pro-life,”
- Coercion,
- Wanted pregnancy.

If you discover a client has dealt with any of the above “risk” factors, offer support as you would any other client, but be ready to provide the client with additional resources, like domestic violence and rape crisis hotlines, if zie is seeking help. Above all else, remember that you’re not specifically trained to counsel sexual assault survivors, for example. Let the client know this, and offer hir names and numbers for outside resources. You’ll find a list of organizations in the Appendix.

If at *any time*, a client indicates zie seeks to harm hirself or you, contact the appropriate authorities as soon as possible. We recommend calling 911, alerting the operator about the situation and any mental health issues the client may have.

## Spiritual Care

Before beginning with a discussion about offering spiritual care to clients, it's important to remember that spiritual and religious attitudes about abortion are as diverse as the people who follow these traditions. The best you can do as a PS volunteer is to help clients clarify their own spiritual belief systems, reconcile clients' experiences of abortion with their spiritual belief systems, and offer alternative narratives about abortion and spirituality that clients might not have heard.

We recognize that you may come from a radically different spiritual background from our clients, but we ask that no matter your religious affiliation, provide as much spiritual support as you can for our clients, always being as compassionate and non-judgmental as you can be.

### Clarifying Spiritual Beliefs

Ava Torre-Bueno in *Peace after Abortion* defines such spiritual distress after an abortion a "spiritual injury."<sup>45</sup> A counselor for Planned Parenthood for over a decade, Torre-Bueno decided upon this terminology because many of hir clients expressed their spiritual distress over an abortion as a form of spiritual injury. For client, a spiritual injury "is the seemingly unfixable separation of themselves from what is 'most essential' to their sense of self. This can be God, or it can be a less defined sense of their own goodness."<sup>46</sup>

It's crucial that you don't underestimate the power of spirituality in a client's abortion experience, especially if you aren't spiritual or religious yourself. As Candace de Puy and Dana Dovitch explain in *The Healing Choice: Your Guide to Emotional Recovery after an Abortion*, the spiritual pain from an abortion

has the potential to send shock waves reverberating through [hir] inner life: [hir] self-esteem may be affected; [zie] may worry that [hir] immortal soul is tarnished; [zie] may fear for [hir] future well-being; [zie] may be riddled with guilt and shame; [zie] may doubt [hir] ability to maintain [hir] faith; [zie] may confess [hir] 'sin' and become devoutly religious; [zie] may worry for the safety of [hir] future offspring, whom [zie] fears, God will harm.<sup>47</sup>

Clearly, then, spirituality can have a strong impact on a person's experience of abortion, so no matter your own spiritual and/or religious background—or lack thereof—please remember the power spirituality can play in our clients' lives.

For Torre-Bueno and others, the first step to healing from a spiritual injury from an abortion is "to get a clear understanding" of how the abortion fits into a person's larger spiritual and personal background.<sup>48</sup> As a GRJAN PS volunteer, this means spending time with a client clarifying hir spiritual beliefs if you notice zie's experiencing spiritual distress over hir abortion. The purpose for doing so is twofold. First, you'll likely not know what a client's spirituality looks

<sup>45</sup> Ava Torre-Bueno, *Peace after Abortion*, (San Diego, CA: Pimpernel Press, 1997), 105.

<sup>46</sup> Ava Torre-Bueno, *Peace after Abortion*, 105.

<sup>47</sup> Candace de Puy and Dana Dovitch, *The Healing Choice: Your Guide to Emotional Recovery After an Abortion*, (New York, NY: Fireside, 1997), 141.

<sup>48</sup> Ava Torre-Bueno, *Peace after Abortion*, 112.



like or how zie defines hir spiritual tradition. By asking hir about hir spiritual beliefs, you'll get a better understanding of how zie understands hir spirituality and, perhaps more importantly, how zie understands hir abortion in light of hir spiritual belief system. Second, even if you have a sense of a client's spiritual tradition—maybe zie's wearing a cross on hir necklace, which many Christians wear—you might not be familiar with hir spiritual tradition. Maybe you're an atheist or a Buddhist, and you have little experience with Christianity. That's okay. The important thing is to talk with the client about how zie understands Christianity, for example, and work with the client to determine how hir abortion fits into hir Christian world-view.

How do you determine if a client is experiencing spiritual distress? Generally speaking, it's pretty obvious. A client who feels comfortable enough with you may start asking spiritually inclined questions, like "Do you think God is going to punish me for my abortion?" or "Do you think God is going to take one of my children away from me now?" Clearly, if a client is asking these types of questions, hir abortion has surfaced some distressing spiritual feelings. It's unlikely that a client who doesn't experience spiritual distress—who feels confident that both zie and hir higher power are "okay" with the abortion—would ask these types of questions.

Once you've determined that a client is suffering from spiritual distress or what Torre-Bueno calls a "spiritual injury," enter into a dialogue with the client, asking hir questions about hir spiritual beliefs and how hir abortion fits in with these beliefs. Some questions to ask include

- How do you define your spirituality, or how do you identify religiously?
- Were you previously affiliated with a specific religion? How might the ideas from that religion be affecting your current spiritual beliefs?
- How do you view God or your higher power? Do you view him/her/hir as loving and caring or harsh and judgmental?
- How does your spiritual tradition view abortion? Is it considered "murder" or a "sin"?
- What questions challenged your spirituality at the time of your abortion?
- What spiritual questions about your abortion are you having?
- What were the religious messages you were taught as a child regarding abortion?
- Has your choice to end a pregnancy influenced your view of yourself spiritually and/or religiously?
- Do you believe that your spiritual and/or religion and your choice to abort are compatible?
- What beliefs do you hold about God and abortion? Where do you think they came from?
- Do you believe God might punish you personally? In what ways?
- Do you worry that He will punish you through harming your offspring? <sup>49</sup>

As always, these questions aren't exhaustive. You might find that some of these questions aren't useful, or you'll develop questions that work better for you. Use these questions simply as a guide to getting a picture of a client's spiritual and religious background, thereby getting a sense of how zie understands both herself and hir abortion within hir spiritual world-view.

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<sup>49</sup> Candace de Puy and Dana Dovitch, *The Healing Choice*, 134-158.

## Reconciling Spirituality and Abortion

Before talking about how to help clients reconcile their spiritual beliefs with their abortions, it's important to note that *sometimes it's impossible to reconcile an individual's spiritual beliefs with abortion*. Some religious traditions are very against abortion with little "wiggle room" for cases of incest, rape, or even the health of the parent. For these spiritual belief systems, it's best to offer alternative narratives about spirituality and abortion, which we explore more fully in the next subsection.

At the same time, however, *it's crucial that you don't make assumptions about religious and/or spiritual belief systems and their understandings of abortion*. For example, many people believe that all Catholics are against abortion because of the Vatican's—the highest acting authority of the Roman Catholic Church—explicitly states so. This is not true. In fact, there are many Catholic groups, most notably Catholics for Choice, who work within the Roman Catholic Church to change the Church's official stance on abortion.

With that said, we do believe it's possible for many people to reconcile their religious world-views with their abortions—at least for those people who are struggling to do so. This, too, is important because not all religious and/or spiritual clients will have problems reconciling their beliefs and their abortions. Many people have little problems integrating their abortion experiences into their religious understandings. For those who *are* struggling with reconciliation, though, the first thing to do is to determine whether or not *zie* needs help reconciling *hir* religious background with *hir* abortion. The questions in the previous subsection will help you get a better sense of this, but it's also helpful to ask more specific questions, including:

- Are you worried you'll go to hell because of your abortion?
- Are you afraid your abortion will "separate" you from God (or a higher power)?
- Are you worried that you're doing the "wrong thing" and God will punish you for your abortion?
- Are you afraid that God or your baby won't forgive you?
- How do you think your minister or church friends will think of you? Are you worried about their thoughts of you now?
- Are you concerned God won't forgive you for multiple abortions?
- Do you have worries about repentance?<sup>50</sup>

Hopefully, these questions will help you to figure out why the client feels *hir* abortion is at odds with *hir* spirituality. For example, if *zie* believes that *zie'll* go to hell because of *hir* abortion, you'll know something more about how *zie* understands God or a higher power—perhaps *zie* views such a higher power as judgmental and/or punishing. Indeed, if *zie* answers "yes" to many of these questions, it's likely that *zie's* struggling with issues of forgiveness, atonement, and repentance—all of which are tell-tale signs *zie* might be struggling with integrating *hir* abortion with *hir* spirituality.<sup>51</sup>

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<sup>50</sup> *Pregnancy Options Workbook: A Resource for Women Making a Difficult Decisions*, (2003), 65, [www.pregnancyoptions.info](http://www.pregnancyoptions.info) (accessed on May 15, 2013).

<sup>51</sup> Ava Torre-Bueno, *Peace After Abortion*, 105-113.

In such a situation, your role as a PS volunteer is ultimately limited. Spiritual crises are well beyond the scope of your work as a PS volunteer and the time you have with a client, but there are some things you can do to aid the client through such a difficult dilemma:

*Forgiveness.* Help hir learn to forgive himself. For deeply religious people, this may be difficult, for it “may go against [hir] firm believe that only an external authority figure—a priest, a rabbi, a minister or a pastor—can offer [hir] valid forgiveness.”<sup>52</sup> But it’s worth a try. At the very least, you can express to hir that you believe zie deserves forgiveness. Knowing that some external figure believes in hir forgiveness can be incredibly comforting to hir. After all, for some patients, you may be seen as an authority figure since you’re part of a non-profit organization helping hir with hir abortion.

You can also work with hir through some forgiveness exercises. We discussed them in brief in the Emotional Care section of this manual, and you can find them in the corresponding Appendix section. The first exercise involves having the client make a list of all of the things zie believes zie needs forgiveness for and then writing forgiving statements for all of those things (i.e., “I forgive myself for not using birth control because I counted the days between my periods wrong”).<sup>53</sup> The second exercise requires that the client write a forgiveness letter to himself. While these exercises may not do much, they’ll at least help the client begin a conversation about self-forgiveness, thereby encouraging hir to move through hir spiritual crisis.

*Healing.* Refer clients to various healing ceremonies and rituals developed for people experiencing loss after an abortion. We’ve included a lengthy explanation of several such practices in the Appendix section.

*Support.* Work with the client to figure out if there are any religious and/or spiritual authorities to whom zie feels comfortable talking about hir abortion. As Ava Torre-Bueno advises,

If you are a member of a church, temple, mosque or religious group of any kind, consider talking to someone from your spiritual family about the abortion and your feelings of spiritual injury. It doesn’t have to be the minister, priest, rabbi, or nun. It should be whomever you admire and trust most in the congregation. Choose the person you have found to be most loving, fair and forgiving. Keep in mind that your minister has probably heard everything there is to know about human nature from the other members of your church, and may be far more understanding than you can imagine.<sup>54</sup>

Of course, if a client belongs to a notoriously anti-abortion congregation (i.e., the pastor protests Planned Parenthood every week), then this may be a null suggestion, and you shouldn’t pressure a client to seek out support when zie’s adamant that support doesn’t exist. Zie knows hir spiritual life best.

*Educate.* Not all spiritual and religious traditions are anti-abortion, and in fact, many world faiths are supportive of abortion, recognizing it as a personal decision between God (or a higher power) and the pregnant person. If the client’s interested in learning more about different faith

<sup>52</sup> Candace de Puy and Dana Dovitch, *The Healing Choice*, 152-153.

<sup>53</sup> Candace de Puy and Dana Dovitch, *The Healing Choice*, 189.

<sup>54</sup> Ava Torre-Bueno, *Peace After Abortion*, 112.

traditions, then feel free to tell him what you know about faiths that are more open to abortion. For example, the Presbyterian Church of America is fairly open to abortion, noting in its latest declaration that

When an individual woman faces the decision whether to terminate a pregnancy, the issue is intensely personal, and may manifest itself in ways that do not reflect public rhetoric, or do not fit neatly into medical, legal, or policy guidelines. Humans are empowered by the spirit prayerfully to make significant moral choices, including the choice to continue or end a pregnancy. Human choices should not be made in a moral vacuum, but must be based on Scripture, faith, and Christian ethics. For any choice, we are accountable to God; however, even when we err, God offers to forgive us.<sup>55</sup>

Similarly, the American Baptist Churches of America—not to be confused with the Southern Baptist Convention, which is vehemently against abortion—doesn't outright oppose abortion, encouraging "women and couples considering the procedure 'to seek spiritual counsel as they prayerfully and conscientiously consider their decision.'" <sup>56</sup>

By demonstrating that not *all* religious traditions are against abortion, you'll show the client that there's a lot more "wiggle room" to abortion within faith, offering him a chance to learn more about other faith traditions and his own spirituality.

In the Appendix to this section, we've included a reading that briefly highlights how different religious and spiritual traditions view abortion. Make sure to familiarize yourself with these so that you'll be able to let clients know about them. Sometimes, just knowing that something else is "out there" can be a great relief to those in spiritual crisis over an abortion.

### **Offering Alternative Narratives**

Educating clients about how other spiritual traditions view abortion is one way to offer an alternative narrative concerning religion and abortion. In the popular imagination, there's a strong sense that religion and abortion are opposed to one another. A religious person, for instance, can't support abortion, and a pro-abortion activist can't be religious or spiritual. However, as you can tell from the previous subsection, this isn't the case. Many religious and/or spiritual authorities support abortion, recognizing it as a right, and many pro-abortion activists are religious and/or spiritual people, seeing the decision to have an abortion as one between God (or a higher power) and an individual. It's important to let clients know that these alternatives exist, even if popular media outlets would have us think otherwise.

But how do you offer alternative narratives to clients? First, if you're a religious and/or spiritual person, please share your story with the client. Explain to the client how you reconciled your faith tradition with your views on or experiences of abortion. For many people, including a few of our PS volunteers, abortion opens up new spiritual paths. One of our PS volunteers actually

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<sup>55</sup> Presbyterian Mission Agency, "Abortion Issues," (n.d.), <http://www.presbyterianmission.org/ministries/101/abortion-issues/>, (accessed on May 15, 2013).

<sup>56</sup> The Pew Forum on Religion and Public Life, "Religious Groups' Official Positions on Abortion," (2010), <http://www.pewforum.org/Abortion/Religious-Groups-Official-Positions-on-Abortion.aspx>, (accessed on May 15, 2013).

refers to hir abortion as a spiritual turning point in hir life, making hir realize that the world isn't as "black and white" as zie once thought and forcing hir to consider other religious and spiritual traditions that were more open to the world's complexity. Corrintha Rebecca Bennett puts it beautifully when she writes, "Making a choice about your pregnancy can be a gift of learning and growth. It is an invitation for you to develop a larger vision of yourself. It's a way to practice compassion and loving kindness toward yourself."<sup>57</sup> By reframing a client's abortion as an opportunity for spiritual growth, you can show hir that abortion isn't necessarily indicative of a spiritual "failure," but a spiritual "opening," enabling hir to grow further into hir own spirituality.

Nevertheless, we recognize that you might not be a religious and/or spiritual person, or if you are, maybe you've never had an abortion. That's okay. It's fine to say to a client, "I've never been in your situation, but I've known others who've struggled spiritually with their abortions and have found their abortions to be moments for spiritual growth and learning." Never make up a story about yourself for the sake of the client.

A second way to reframe spirituality and abortion is to present the client with an alternative view of God or a higher power. Many clients who encounter spiritual difficulties during their abortions have been taught that a higher power is judgmental, punishing, and severe—God is all "fire and brimstone." Having an abortion, then, is a "sin" and will be punished accordingly. But for many people, such a conceptualization of God is actually a perversion and distortion of all religious and spiritual traditions. Ava Torre-Bueno poignantly remarks,

The important point here is that you *can't* be separated from God, or your own goodness, or your place in the human family, or whatever else you understand is essential to your self [because of an abortion]. This is the heart of every spiritual tradition. Even though this teaching may be perverted and destroyed by many people who thump their chest and claim to be speaking for God, the core teaching of all the great religions is that we are inseparable from God, Creation, the Eternal, whatever creative force we feel is essential to our lives.<sup>58</sup>

In other words, having an abortion can't separate a client from God or a higher power because we're always-already a part of such a higher power, and God is always ready to offer love and forgiveness, no matter the situation.

While this may seem like an insignificant way to confront spiritual crisis in the wake of an abortion, it's not. Many people don't realize that alternative ideas about God or a higher power exist, and by offering clients these alternative ways of thinking about spirituality, you're helping them to explore their own spiritual selves further.

*For More Information.* Of course, there's so much more to providing spiritual care to clients before, during, and after an abortion, and we strongly encourage you to explore the Religious Coalition for Reproductive Choice (RCRC) and the Catholics for Choice's webpages for more information. In the Appendix to this section, we've also included several readings from the RCRC's page that we feel to be especially pertinent to our work at GRJAN.

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<sup>57</sup> *Pregnancy Options Workbook*, 65.

<sup>58</sup> Ava Torre-Bueno, *Peace After Abortion*, 110.

## Manual Appendix:

## Physical Care Supporting Documents

**ABORTION: WHICH METHOD IS RIGHT...**

Comparison Between Surgical Abortion and Medical Abortion  
with Mifeprex™, or Methotrexate, with Misoprostol

Mifeprex™ with Misoprostol	Methotrexate with Misoprostol	Vacuum Aspiration
<b>1. How far along in the pregnancy can I be?</b>		
<ul style="list-style-type: none"> <li>• Up to 7 weeks LMP (49 days)</li> <li>Some doctors use method until 9 weeks (63 days)</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 7 weeks LMP (49 days)</li> </ul>	<ul style="list-style-type: none"> <li>• Vacuum aspiration is used up to 14 weeks LMP. Some doctors start at 5 weeks LMP</li> </ul>
<b>2. How long does it take for the abortion to be complete?</b>		
<ul style="list-style-type: none"> <li>• Usually 1-2 visits + <u>required</u> follow-up visit</li> <li>• Day 1 for Mifeprex™, Day 2 or 3 for misoprostol.</li> <li>• Unpredictable when pregnancy will pass</li> <li>• Bleeding after misoprostol lasts 4-8 hours for most; days for some to complete</li> <li>• Ultrasound at follow-up 7-14 days after Mifeprex™ will make sure abortion is complete.</li> </ul>	<ul style="list-style-type: none"> <li>• Usually 1-2 visits + 1 or more <u>required</u> follow-up visits.</li> <li>• Day 1 for Methotrexate and usually Day 5, 6, or 7 for misoprostol.</li> <li>• Very unpredictable when pregnancy will pass.</li> <li>• Bleeding after misoprostol starts 12-24 hours later, may last 4-6 hours to several days.</li> <li>• Ultrasound at follow-up 7-14 days after methotrexate will make sure abortion is complete. May need another dose of miso.</li> </ul>	<ul style="list-style-type: none"> <li>• 1 visit + follow-up exam</li> <li>• Actual abortion less than 5 minutes</li> <li>• Follow-up in 2-3 weeks at abortion facility or other doctor or clinic of your choice.</li> </ul>
<b>3. How painful is it?</b>		
<ul style="list-style-type: none"> <li>• From mild to very strong cramping during the abortion process. Cramping usually worse for about 4 - 8 hours after misoprostol when pregnancy is passing. Pain pills may be offered.</li> <li>• Milder cramps may continue for several days-- 2 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• From mild to very strong cramping during the abortion process. Cramping usually worse for about 4 - 8 + hours after misoprostol when pregnancy is passing. Pain pills may be offered.</li> <li>• Milder cramps may continue for several days--2 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• From mild to very strong cramping for a few minutes during the abortion procedure and for several minutes after. Pain medication, general anesthesia, or sedatives may be available, depending on clinic.</li> <li>• Milder cramps may continue for several days</li> </ul>
<b>4. How much will I bleed?</b>		
The amount of bleeding varies from person to person and with length of pregnancy.		
<ul style="list-style-type: none"> <li>• Heavy bleeding &amp; clots are common during the abortion process for 4-8 hours.</li> <li>• Afterwards, bleeding like a period is common for an average of 13 to 16 days.</li> </ul>	<ul style="list-style-type: none"> <li>• Heavy bleeding &amp; clots are common during the abortion process for 4-8 + hours.</li> <li>• Afterwards, bleeding like a period is common for an average of 10 to 17 days.</li> </ul>	<ul style="list-style-type: none"> <li>• Not much bleeding immediately after procedure.</li> <li>• Like a period, up to 14 days, usually about 9 days.</li> </ul>

Abortion: Which Method is Right for Me?--6

Source: Margaret R. Johnston and Luce Causineau, *Abortion: Which Method is Right for Me?*, (2002), [www.pregnancyoptions.info](http://www.pregnancyoptions.info).

**Mifeprex™ with Misoprostol****Methotrexate with Misoprostol****Vacuum Aspiration****5. Can the abortion fail?**

- Success rate varies from 92-97% by Day 15. Surgical abortion is necessary if it fails.
- Vaginal misoprostol improves effectiveness.
- Success rate 92-96% by Day 30. A second or third dose of misoprostol may be required. A surgical abortion is necessary if it fails.
- Vaginal misoprostol improves effectiveness.
- Over 99% successful. If it fails suctioning will need to be repeated.
- Early surgical abortion may be slightly less effective (98%).

**6. Can I still have children later in life?**

Regardless of method, abortion is 20 times safer than childbirth. Infections are the greatest threat to fertility, not abortion. Childbearing is not affected, barring rare, serious complications.

**7. What are possible serious side effects (complications)?**

- Both Mifeprex™ and misoprostol have been formally studied and used safely.
- Mifeprex™ will not end ectopic or tubal pregnancies which, if undetected, can be dangerous or fatal. (See p.5)
- Need for transfusion (rare).
- Some women may be allergic to medications.
- Methotrexate and misoprostol have been formally studied and used safely.
- Methotrexate can effectively treat some ectopic pregnancies with supervision of a doctor.
- Need for transfusion (rare).
- Some women may be allergic to medications.
- Surgical abortion has been formally studied for over 25 years.
- Injury to the uterus is rare in the first trimester. Excessive bleeding is rare. Infection and retained tissue, which would require antibiotics or a re-suctioning, are less than 1%.
- Vacuum aspiration will not end ectopic or tubal pregnancies which, if undetected, can be dangerous or fatal. (See p.5)

**8. What are the common side effects?**

- Nausea, vomiting, diarrhea, cramping, bleeding, headache, dizziness, fever or chills, anemia (rare). Possible need for surgical abortion.
- Nausea, vomiting, diarrhea, cramping, bleeding, headache, dizziness, fever or chills, mouth sores (rare), and anemia (rare). Possible need for surgical abortion.
- Cramping, bleeding
- For some, light-headedness, nausea.

**9. How much does it cost?**

- Sometimes higher than surgical. Prices vary. Check what is included.
- May be less than Mifeprex™, same or more than surgery. Prices vary. Check what is included.
- May be less than medical abortion. Prices vary. Check what is included.

--Continued next page--

*Abortion: Which Method is Right for Me?--7*



## Comparison Between Surgical Abortion and Medical Abortion with Mifeprex™, or Methotrexate, with Misoprostol, *Continued*

Mifeprex™ with Misoprostol

Methotrexate with Misoprostol

Vacuum Aspiration

### 10. What are the advantages of each method?

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Mifeprex™ induces a miscarriage-like process.</li> <li>• If available, highly effective and safe for very early pregnancy.</li> <li>• Avoids shots, anesthesia, instruments, or vacuum aspiration, unless it fails. (Blood work required. Injection needed if your blood type is Rh-. Vaginal ultrasound usually required.)</li> <li>• Being at home instead of a clinic may seem more comforting and private.</li> <li>• Any support person can be there with you during the abortion process.</li> <li>• It is finished quicker than the Methotrexate method.</li> <li>• The timing is more predictable than for Methotrexate.</li> </ul> | <ul style="list-style-type: none"> <li>• Methotrexate induces a miscarriage-like process.</li> <li>• If available, effective and safe for very early pregnancy.</li> <li>• Avoids anesthesia, instruments, or vacuum aspiration, unless it fails. (Blood work required. Injection needed if your blood type is Rh-. Vaginal ultrasound usually required.)</li> <li>• Methotrexate may end a tubal pregnancy as well as a normal pregnancy.</li> <li>• Being at home instead of a clinic may seem more comforting and private.</li> <li>• Any support person can be there with you during the abortion process.</li> </ul> | <ul style="list-style-type: none"> <li>• It's quick, predictable, and over in a few minutes.</li> <li>• It's highly successful.</li> <li>• If available, highly effective and safe for very early pregnancy.</li> <li>• There's less bleeding for less time than with either of the other two methods.</li> <li>• Less time cramping than with other methods.</li> <li>• Performed by a doctor with support of medical or counseling staff, which may seem more comfortable and private.</li> <li>• Some involvement of support person may be possible.</li> <li>• If you are trying to conceal abortion, it may be better.</li> <li>• Avoids medication, except for pain relievers and sedatives.</li> <li>• It can be done later in the pregnancy than other methods.</li> </ul> |
|--|---|--|

### 11. Who should not use one of these methods? (What are the contraindications?)

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>• If you are more than 7-9 weeks LMP (depends on dr.)</li> <li>• Medical conditions:               <ul style="list-style-type: none"> <li>• allergy to medications</li> <li>• blood clotting problems or on blood thinners</li> <li>• chronic adrenal failure</li> <li>• chronic systemic corticosteroid use</li> <li>• IUD in place</li> <li>• inherited porphyrias</li> <li>• severe anemia</li> <li>• possible ectopic pregnancy</li> <li>• uncontrolled seizures</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• If you are more than 7 weeks LMP</li> <li>• Medical conditions:               <ul style="list-style-type: none"> <li>• allergy to medications</li> <li>• blood clotting problems or on blood thinners</li> <li>• active liver or renal disease</li> <li>• severe anemia</li> <li>• IUD in place</li> <li>• uncontrolled seizures</li> <li>• inflammatory bowel disease</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Some medical conditions or allergies to anesthesia may require a surgical abortion in a hospital setting.</li> </ul> |
|--|--|---|

*Abortion: Which Method is Right for Me?--8*



## Mifeprex™ with Misoprostol

## Methotrexate with Misoprostol

## Vacuum Aspiration

**12. What are the disadvantages of each method?**

- It takes several days to end a pregnancy.
- It is not completely predictable. There is some uncertainty about when you will bleed and pass the pregnancy.
- Bleeding can be very heavy and lasts longer than with surgical abortion.
- There may be restrictions if you live more than an hour away from the clinic or a hospital, in case of very heavy bleeding, depends on dr.
- Cramping can be severe and lasts longer than with surgical abortion.
- 2-3 visits are required.
- It fails more often than surgical abortion but is more successful than Methotrexate.
- It cannot end an ectopic (tubal) pregnancy.
- It may cost more than other two options.
- Not good method if you are trying to conceal abortion.
- Advisable to have support.
- It takes days and sometimes weeks to end a pregnancy.
- It is not completely predictable. There is more uncertainty about when you will bleed and pass the pregnancy.
- Bleeding can be very heavy and lasts longer than with surgical abortion.
- There may be restrictions if you live more than an hour away from the clinic or a hospital, in case of very heavy bleeding, depends on dr.
- Cramping can be severe and lasts longer than with surgical abortion.
- At least 2-3 visits are required, sometimes even more.
- It fails more often than surgical abortion and has a lower success rate than Mifeprex™.
- It takes longer to complete than either Mifeprex™ or surgical abortion.
- Not good method if you are trying to conceal abortion.
- Advisable to have support.
- A doctor must insert instruments inside the uterus.
- Anesthetics and drugs to manage pain during the procedure may cause side effects. (Serious problems are rare.)
- There are possible complications, although they occur in less than 1% of cases.
- You may have less control over the abortion process and who is able to be with you during some parts of the process.
- The vacuum aspirator makes a noise. If available, a manual aspirator is silent.
- It may not be done as early in the pregnancy as with the other methods depending on doctor.
- It cannot end a tubal (ectopic) pregnancy.

**13. How will I be affected emotionally?**

No matter which method you choose, it's important to be sure of your decision. No one should be forcing you or pressuring you into any decision about pregnancy. If you have strong doubts about what is right for you, take the time to consider your choices, even if that means you will not be eligible for a medical abortion. Counseling or further thinking may help. (See p. 53) The great majority of women do not regret their decision or have serious depression after an abortion. Of course you may have a variety of feelings, as you would about any important life decision.

- Some women are anxious waiting for the abortion process to complete.
- Viewing the pregnancy tissue may be difficult. (See p 39)
- Some women are anxious waiting for the abortion process to complete.
- Viewing the pregnancy tissue may be difficult. (See p 46)
- Some women are anxious in a medical setting or with the idea of surgery. (See p 17)

*Abortion: Which Method is Right for Me?--9*

## FAQ Commonly Asked Questions

The Abortion Care Network answers your questions about **abortion safety, procedures, protesters, pain management, the need for support, and the difference between the abortion pill and surgical abortion.**

### Is abortion safe?

Abortion is the most common outpatient surgical procedure in the country and, when performed by an experienced physician, it is extremely safe. According to the Guttmacher Institute, a leading public health research organization, abortion is 11 times safer than carrying a pregnancy to term.

### Will having an abortion prevent me from having children in the future?

There is no evidence of a link between an uneventful abortion and infertility. Of course, as with any surgery, infection, though rare, is a risk. Taking all your medications, following instructions, and returning for your follow-up examination will reduce your chance of any post abortion problems. If you are concerned about this risk, do not hesitate to ask your provider about it and they will be able to answer your questions more specifically.

### Is abortion painful?

Every person responds to and tolerates pain differently. Abortion patients are generally surprised at how well they feel after their abortion. Although most women experience some hard cramping during the procedure, the intensity of the cramps begins to lessen quickly while in recovery. When patients leave, they may feel light cramping that can be managed with over-the-counter pain medications. During a non-surgical abortion, patients can experience a more intense level of cramping for a longer period of time but pain relievers and rest can help manage the discomfort. We recommend that you discuss your pain management options with your chosen provider.

### Do I have to be awake/asleep for the procedure?

Every clinic offers different pain management options. Many offer a local anesthetic, which numbs the cervical muscle to reduce discomfort during dilation. Some offer options such as IV sedation or nitrous oxide, which sedates the patient. Others offer general anesthesia, which puts the patient to sleep for several minutes. Some clinics can also help you use relaxation techniques to lessen the pain. Discuss the risks and benefits of all options with your clinic or doctor.

### How long will I be at the clinic?

Be prepared to spend anywhere from three to six hours at the clinic. Depending on your stage of pregnancy, your pain management choice, state laws (which may require that you visit the clinic more than once) and the internal policies of the clinic, the time you spend at the clinic will vary.

### Can I bring someone with me to the clinic? Can they stay with me during my abortion?

Most clinics encourage you to bring a support person with you to your appointment, to sit with you while you wait and to help you get home after the procedure. Some clinics allow support people to participate in counseling sessions. Some clinics will also allow that person into the surgery room, but

many clinics are not set up for that. If this is very important to you, consult your clinic before making your appointment.

### **Can I bring my children with me to the clinic?**

Most clinics discourage or prohibit bringing children since it is a long visit and waiting is hard on everyone. We recommend that you ask your provider for suggestions.

### **Will there be protesters at the clinic?**

Clinics do not have control of protesters and every city is different. Some experience demonstrations on a daily basis, some have protesters that come only on the days abortions are being performed and other clinics have no demonstrators at all. Ask the clinic if there are protesters if that is a concern of yours. The clinic staff, who also have to personally deal with protesters, will be happy to tell you whether demonstrators might be present on the day of your appointment and what you might expect from them. Remember, these anti-abortion activists have a political or religious agenda and don't know (or care about) you and your situation! Check out our handout [You Are A Good Woman](#).

### **What is the difference between a surgical abortion and a non-surgical abortion?**

Surgical abortions are performed using a suction/aspiration method where the cervical muscle is gently dilated (widened) and suction is used to remove the pregnancy. A non-surgical abortion is usually performed by the administration of Mifeprex ("RU-486") or by a shot (methotrexate). Both also use the medication misoprostol to cause bleeding. These medications essentially induce a miscarriage over the course of 2 or more days.

For more information, go to [www.abortionclinic.org](http://www.abortionclinic.org), [www.pregnancyoptions.info](http://www.pregnancyoptions.info).

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# “Will it hurt?”

## Questions and answers about pain during an abortion

### What is pain?

No one likes to feel pain. But have you noticed that how we experience pain and how we feel about it can be different? It's affected by things like how confident or nervous we are; what kind of support we have; and whether we are calm or afraid. (Think about getting a tattoo versus getting a shot!)

Pain is usually a warning system in the body, but pain with an abortion can actually let you know that your body is working perfectly. As your uterus empties it cramps, which helps to stop the bleeding and get the uterus back to its normal shape. The uterus is a strong muscle that always likes to be contracted—so it's actually a “good cramp!”

Pain is a kind of communication in your body. A signal is sent up the spine through the nervous system and is then evaluated by different parts of your brain. Your brain unconsciously decides what is painful or not, depending on your understanding of what the situation is, your past experiences, beliefs, emotions, etc. The more you understand what to expect, the more confident and relaxed you are, the fewer “alarms” go off and the less pain you feel.

Our emotions affect how we feel physical sensation. Our beliefs, emotions, and worries all contribute to how we feel pain. Research has shown that depression, anxiety, and guilt can all make it harder for us to cope with pain. A positive emotional state, like being confident and relaxed, can make it easier and less painful.

Fear can especially increase the amount of pain we feel. When we are afraid, our muscles tense, the heart begins to race, and we may begin to tell ourselves things like, “I can't relax, this is really going to hurt, I can't handle this.” Then, the next thing you know, we can't relax and every sensation actually does become more painful. Fear triggers the brain to produce chemicals that make it harder for us to relax. In other words, when it comes to pain, the more you fear it, the more you feel it. Fear and negative thoughts can turn “uncomfortable” into “painful,” while confidence and positive thoughts can turn “painful” into “tolerable.”

It can be awkward lying on an examining table with your legs up in leg or foot rests, but most of us have learned to accept that it is necessary. Exams can make some women feel vulnerable if they have never had a pelvic examination before, or because of past experiences such as rape or sexual molestation. For some of us everything medical is traumatic. If the medical aspects of abortion are frightening to you, be sure to let the staff know so they can give you extra time, help, and patience. Your provider wants this to be a safe and comfortable experience for you.

### Anesthesia and Drugs

Each clinic or doctor offers different pain medications and anesthesia, so be sure to ask what options are available. Women may perceive a wide range of pain, from none at all, mild to moderate pain, to even intense pain, but most women say that it's “nothing they can't handle.” Talk to your provider about what to expect and what pain management might work best for you. A range of medications may be available ranging from a local anesthetic to mild sedation, from narcotic pain medications to “being asleep.” There may be additional charges for different kinds of pain medication and anesthesia.

Whatever medications your clinic provides can interact badly with other substances including street drugs, so we suggest you avoid self-medicating on the day of your abortion. For your safety, please be honest about what you have taken. If you are on a prescription medication that you take daily for pain or anxiety, please let your abortion provider know.

But drugs aren't the only answer to pain. In one study of several different drug combinations, women who reported feeling relaxed and confident before their abortion also reported less pain regardless of what drugs they received.

### What else can help?

1. **MAKE THE BEST DECISION FOR YOUR LIFE.** It helps to feel confident about your decision. If you are unsure, take more time and get help from clinic staff or at the Pregnancy Options Workbook, *before abortion* downloadable audio abortion counseling, or call Backline (see below). Believe in yourself and your ability to make a good decision about your pregnancy.
2. **GET SUPPORT.** Talk to people who will support and encourage you. Ignore people who will try to shame you or make you feel bad about yourself. Try to choose someone who understands what you are going through to come with you to the appointment.
3. **YOU DON'T DESERVE TO BE IN PAIN.** The situation that brings you here is often complicated and can make you feel bad. Remember that you are a good woman doing the best you can in a tough situation. Be kind to yourself.
4. **CREATE A POSITIVE ATTITUDE.** The words that you use can actually influence how your brain perceives pain. Replace thoughts like "I'm so scared," and "I'll never get over this," with positive messages like, "I'm strong, I'm brave," "I know this a good decision," and "I can handle this."
5. **RELAX.** If you know any relaxation techniques, such as meditation, visualization, or controlled breathing, practice them before your appointment. Reiki or "healing touch" can also be helpful. Be ready to use these tools to help yourself cope during your abortion procedure. Slow breathing is easy to learn today. Inhale to the count of 4 and exhale to the count of 4; do this several times until you feel your muscles relax.
6. **DISTRACT YOURSELF.** Sometimes a distraction, such as talking or even imagining you are somewhere else can help. Generally, the support staff at the clinic are good at helping you focus on something else.
7. **SMELL SOMETHING NICE.** Studies have shown that pleasant smells (lavender can be a mild mood enhancer) can help to reduce the perception of pain, especially for women. Talk to the staff about putting drop of a favorite fragrance on a cotton ball and breathing in the scent during the procedure.

### References

"Explain Pain" by David Butler and Lorimer Moseley [www.Noigroup.com](http://www.Noigroup.com)  
 "Considering Abortion" and various handouts on [www.abortioncarenetwork.org](http://www.abortioncarenetwork.org)  
 The Pregnancy Options Workbook at [www.pregnancyoptions.info](http://www.pregnancyoptions.info)  
 Before Abortion at [www.beforeabortion.com](http://www.beforeabortion.com)  
 Backline talkline about all aspects of pregnancy [www.yourbackline.org](http://www.yourbackline.org) 1-888-493-0092  
 Thanks to the Concord Feminist Health Center for allowing ACN to amend their handout, Will It Hurt?  
 Abortion Care Network [www.abortioncarenetwork.org](http://www.abortioncarenetwork.org)  
 The Voice of Independent Abortion Care



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## Information About Pain Relievers

Ask your doctor or clinic what pain relievers would be best for you. Here are some medicines that are usually suggested to help with cramps and pain:

1. Ibuprofen is the generic name for Advil™, Motrin™ and similar products. It is available in 200 mg. tablets in the pharmacy or grocery store. Generally, 600-800 mg. (3-4 tablets) are recommended every 4-6 hours for cramps. If you have a prescription for Ibuprofen check the number of milligrams and do not exceed 800 mg. It usually starts working in 20-30 minutes.

2. Naproxen Sodium, is also known as Anaprox or over the counter as Aleve™. Two tablets of Aleve™ (440mg) is frequently recommended for moderate to severe pain, every 6 to 8 hours. It usually takes about 45 minutes to start working.

3. Tylenol™, Extra Strength Tylenol™, or Acetaminophen is a general purpose pain reliever and is good for people who get stomach upset from Ibuprofen or Aleve™. It is very important not to take more than 2 tablets in a 4- 6 hour period, or 8 tablets in 24 hours. Tylenol™ usually starts working in 30 minutes or so.

4. Narcotic pain relievers such as Tylenol #3 (Codeine), Hydrocodone (Vicodin™, or Vicoprofen™), or Darvocet™. Sometimes your doctor will prescribe small amounts of one of these in case you have severe pain. It can have side effects including nausea, light-headed feelings, sleepiness, etc. You should not drive or do activities that require you to be alert if you are taking one of these medicines. The usual dose is 1-2 tablets every 4-6 hours. Do not exceed 8 tablets (500 mg) in 24 hours.

5. Other medications may include Ultram™, Vioxx™, Orudis™, etc. Follow the directions carefully; ask your doctor for advice or consult a pharmacist. Do not take medicines prescribed for other people without checking with your doctor first.

### OTHER PAIN RELIEF THINGS TO TRY

Sometimes you may not have enough pain medications--or they may not be working fast enough for you--or you may not want certain side effects. Try some of these:

1. Lie down with a heating pad or hot water bottle and place it on your lower abdomen. Occasionally, ice for 10 minutes at a time works better than heat, especially if you are nauseous or bleeding heavily.
2. Sometimes it works better to move around and stretch out.
3. Have someone give you a back rub or massage. The lower back and thighs are

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*Source: Margaret R. Johnston and Lucie Cousineau, Abortion: Which Method is Right for Me? (2002), www.pregnancyoptions.info.*

important to massage.

4. If you are bleeding and clotting a lot, sometimes a uterine massage is helpful. Massage or rub the lower abdomen, just above the pubic bone until it feels better. (Works best after pain medications have been taken.)

5. If you are feeling emotional, ask someone to sit with you and talk about how you feel.

6. Some people deal with pain by distracting themselves with an activity or by talking.

7. Deep breathing. Many people use some version of deep breathing to relax and work through pain.

### Deep Breathing Exercises

Lie comfortably with head and back supported. Take a few deep breaths and let it out slowly.

Now start at your feet and curl your toes, counting 1-2-3-4-5-, then relax your toes to the count of 5 again. Breathe in as you are tensing your muscles and breathe out when you are relaxing your muscles.

Bend your ankles and tense your feet to the count of 5 and then relax those same muscles to the count of 5.

Do the same thing with your thighs and buttocks, a slow count of five and then relax for five counts. Remember, breathe in and then breathe out SLOWLY.

Feel your uterus and lower abdomen cramp or tense and try to feel it relax as you breathe out. Then tense and relax your chest muscles. Next do your arms and hands. Breathe in and tense them for 5 counts then breathe out slowly and relax for 5 slow counts. Now tense your shoulders up around your ears and relax for 5 counts and sigh as you let your breath out.

Squeeze your facial muscles next including squeezing your eyes shut and then relax them.

Go back to your uterus /lower stomach muscles and repeat the tensing and relaxing of those muscles, being sure to breathe deeply and let the breath out slowly as you relax. Are the cramps better?

*(Have someone read these instructions to you slowly in a quiet voice. As you do the exercise try to imagine your pain going away with every breath you exhale.)*



2/10/13

Post Abortion Care

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# West Alabama Women's Center Inc.

When it's a decision of choice, you're not alone... *We Care*

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## Post Operative Instructions & Post Procedure Care

The pregnancy termination procedure you have just undergone is a simple and safe one. As is true with any medical procedure, however the unexpected and unavoidable complications can occur. The information sheet is to advise you of what to expect and do after an abortion and if the unexpected should happen.

### Do:

1. Do buy a thermometer if you do not have one. Digital thermometers are available for purchase at the clinic.
2. Do take your temperature every morning and evening for five days.
3. Do call us if you have problems.
4. Do return to work or school as soon as you feel well enough. Medical excuses are provided if needed.
5. Do finish all the antibiotics even if you feel fine.
6. Do follow all instructions for taking care of yourself after an abortion.

### Don't:

1. Don't use tampons until after you have had your follow up exam. They can cause infections.
2. Don't sit in any bath water, hot tubs, and no swimming for one week. Hot tubs and bubble baths can cause problems.
3. Don't lift heavy objects or engage in strenuous exercise for one week. It can increase your bleeding or cramping.
4. Don't have sex until you have had your follow up exam. This can cause bleeding, cramping, infections or pregnancy.
5. Don't insert anything into the vagina, including a douche, until after your follow up exam. This can lead to an infection.
6. Do not drive for 24 hours after receiving the sedation.
7. Don't drink alcohol (it can interfere with absorbing antibiotics and also increases bleeding).

### Call the Clinic If:

1. Temperature is over 100.0.
2. Bleeding is heavier than 2 pads per hour.
3. Passing blood clots larger than a fifty cent piece.
4. Severe or persistent abdominal pain.
5. Pain or cramping not relieved by pain medication.
6. Fever chills or shaking.
7. Feel faint or weak.

When calling, provide the following information:

Telephone number of an open pharmacy.  
Your temperature within the last hour.  
Number of pads used within the last hour.

### Bleeding:

Although bleeding after an abortion is perfectly normal, the amount of bleeding you will experience is difficult to predict since women's bodies all react differently. Some women have little or no bleeding; you may not bleed any more after



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## Post Abortion Care

you leave the clinic. Some spot for days or for several weeks; some bleed, stop and start again; some have bleeding similar to a normal menstrual period for a week or two.

If you experience bleeding that is heavier than your normal period (enough to soak through two maxi pads in an hour), call West Alabama Women's Center, Inc. Many women pass clots and small clots are not unusual and are no cause for alarm. If you pass clots larger than a half dollar size, please call us.

The Most important thing is the total amount of blood loss or large clots. Drinking alcohol will increase your bleeding.

**Cramping:**

You may experience some mild cramping for a day or two following your abortion and you may feel somewhat more discomfort if you are passing clots. Cramping is normal after an abortion; your uterus is contracting back to its normal size. To relieve any minor discomfort, you may take the medication you usually take to relieve pain. (Do not take aspirin). If bleeding is normal, you may use a heating pad or a hot water bottle. In some patients, cramping may last for a week or 10 days after the procedure.

**Fever:**

Infection is the most common complication following an abortion because the cervix is still slightly dilated (open) and the uterus is healing. You are more susceptible to infection than usual. For this reason, it is important that you take your temperature twice daily (morning and evening) for 5 days.

If your temperature is above 100.0 degrees, please call us.

Do not take your temperature immediately after smoking, drinking, or eating.

Fever is almost always the first indication of infection and is often accompanied by tenderness in the lower abdomen.

A temperature below 100.0 degrees is not unusual and should not cause you concern. To help prevent infection, it is important for you to take all the antibiotic which you have been prescribed.

Take your medications correctly and finish all of them even if you feel fine.

**Breast Soreness:**

You may experience a slight increase in breast tenderness the first week. Occasionally, there is breast fullness the day after an abortion. You will probably be more comfortable in a tight fitting bra. If discomfort is severe, ice packs or a cool shower may give some relief. Take Ibuprofen to relieve the discomfort.

**Leg Cramps:**

You may experience leg cramps due to the leg position or tightening of your muscles during the procedure

**Emotional Reactions:**

It is common to have some feelings, perhaps strong ones, after the abortion. Many women will feel a sense of relief, weak, tired, sad, angry, or depressed. Any of these feelings are normal. These reactions are usually due to abrupt changes in hormone levels. You may have relief because you have made a difficult decision about your own life and you have tolerated the procedure well. After this, it is not uncommon to have some sense of loss and a feeling of sadness or feel depressed or anxious or angry with the people you care about the most. It helps these feelings to talk with someone close to you. If you have reactions, which are disturbing to you, or seem beyond your control, ask your family doctor or gynecologist to refer you to a source of help. Also you may call West Alabama Women's Center, Inc. for a list of agencies concerned with helping people deal with their feelings. We would be happy to make referrals for you if you call us.

**Nausea:**

Nausea associated with pregnancy should disappear within a day or two.

**Getting back to Normal:**

You should begin to feel normal within 24-48 hours after the procedure. Your body will be undergoing the changes described due to a dramatic drop in the hormones of pregnancy. The nausea you may have experienced will disappear. You may feel a mild depression. A few women have a bloated feeling for a few days.

**Next Period:**

Most women will have a period with 4-6 weeks. You can become pregnant between now and then if you have unprotected intercourse. If you are using birth control pills, you may get your period after three weeks, but you may still become pregnant during the first pack of pills, use a back up method of birth control for the first month of pills, like foam plus condoms. By the second pack you can be sure that the pill will be effective. If you have not had a normal period, you need a pregnancy test 3-4 weeks after your abortion to make sure you are not still pregnant, or pregnant again and thereafter every 4-6 weeks until your menstrual cycle resumes.

**Activities:**

You can resume normal activity; school, work, and driving as soon as you feel up to it. Some women feel able to go about business as usual on the day of the abortion with the exception of no driving for 24 hours. Most women prefer to rest and relax until the next day. Avoid strenuous activity such as heavy exercise, swimming, lifting over 10 lbs, horseback riding, bicycling, jogging, etc. for several days.

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## Post Abortion Care

**Eating:**

There are no diet restrictions; however, if you have experiencing nausea and vomiting, do not overindulge right away. You may eat or drink anything you wish with the exception of alcohol. Alcohol should be avoided for least seven days, as it may increase bleeding and interfere with the effectiveness of the antibiotics. Drink plenty of fluids and eat well-balanced meals to help your body return to normal.

**Sex:**

Wait until after your check up. You are susceptible to infection now and you could become pregnant again even before your first period begins.

**Bathing:**

Shower and shampoo your hair anytime you want. It is easy to get an infection until your cervix has returned to normal. Therefore refrain from swimming and tub baths until your follow-up examination.

**Douching:**

Douching can be dangerous right after a pregnancy. Many doctors feel it is undesirable at any time and seldom necessary for good hygiene. If you want to douche, wait until after your check up. **AVOID PUTTING ANYTHING INTO THE VAGINA FOR THREE WEEKS.**

**A FOLLOW UP EXAMINATION IS IMPORTANT!!!**

A follow up exam should be done three weeks after your abortion to be sure you have a negative pregnancy test, the abortion is complete, and there are no problems. Please make your appointment before leaving the clinic today or call in advance to schedule your appointment. This follow up visit is included in the cost of your abortion when scheduled within 4 weeks.

**Birth Control:**

You can get pregnant again any time after an abortion. If you are sexually active and do not want to become pregnant plan to use birth control. Choose a method that is suitable to you. The best contraceptive methods available cannot prevent pregnancy if they are not used correctly. If you are planning to take birth control pills, start them the first Sunday after your abortion. Use a back up method (condoms and foam) until you have had a normal period.

Diaphragms and cervical caps may need to be refitted after your abortion.

You may choose to get the Depo Provera (3 months shot) the same day as your abortion.

We will be glad to answer any questions and relieve any concerns you may have.

**Medications:**

You may be given one or two types of medications to take home. One is an antibiotic to help prevent infection and the other is Methergine that causes the uterus to contract and help minimize the bleeding. Please take them as directed.

**Methergine (Ergonovine):**

Take 1 tablet every 4 hours until complete. This medication causes the uterus to contract and reduce the amount of bleeding. You will be given this medication only if the doctor feels it is needed or if the pregnancy was past 10 weeks at the time of the termination.

You will be given one of the antibiotics below. Take according to the directions.

Tetracycline 500 mg - Take 1 tablet twice per day until completed.

Doxycycline 100mg - Take 1 tablet twice per day until completed.

Levaquin 500mg - Take 1 per day until completed.

Amoxicillin/Ampicillin 500 mg - Take 1 tablet twice per day until completed.

Metronidazole or Flagyl - You must absolutely avoid alcohol for 24 hours until after the methronidazole is finished because it will make you very sick and is dangerous to your health.

**Some Precautions to Follow when taking Antibiotics:**

This medication is used to help prevent infection. Take one by mouth (if twice a day take about 12 hours apart). **DO NOT TAKE ON AN EMPTY STOMACH, BECAUSE IT CAN CAUSE NAUSEA.** Avoid excessive sun and tanning beds while taking this medication. As with any medication, alcohol beverages should be avoided while taking antibiotics.

If you've been given Doxycycline, avoid milk products and alcohol until after the medication is finished so that all of the medicine is absorbed properly.

Instructions sheets are included for each of these medications. We will be glad to answer any questions and discuss any concerns you may have.

We hope that you have received quality medical care and the respect that you deserve and demand as a patient. We realize that this has been an emotional time but we hope that the staff has made your visit as positive as possible.

If you are satisfied with the medical care please tell your friends who might need our services either now or in the future. Please don't take for granted the privilege of "choice" because Congress is slowly chipping away a woman's

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## Post Abortion Care

right to decide when the best time for her to choose is.

Everyday they are passing laws restricting and making it difficult for you to receive the right to choose. Now is the time we must stand up for your rights. Contact your local representative opposing women's rights and let them know "We will not GO BACK!"

**Contact Us**

If at any time you have any questions please refer to our [Frequently Asked Questions](#) or [Contact](#) us directly at 1-800-616-2383. We also offer an [Online Glossary](#) for your reference to define specific medical terms found throughout our website.

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5/11/13

Basic Breath Meditation Instructions



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## Basic Breath Meditation Instructions

by

Thanissaro Bhikkhu

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The technique I'll be teaching is breath meditation. It's a good topic no matter what your religious background. As my teacher once said, the breath doesn't belong to Buddhism or Christianity or anyone at all. It's common property that anyone can meditate on. At the same time, of all the meditation topics there are, it's probably the most beneficial to the body, for when we're dealing with the breath, we're dealing not only with the air coming in and out of the lungs, but also with all the feelings of energy that course throughout the body with each breath. If you can learn to become sensitive to these feelings, and let them flow smoothly and unobstructed, you can help the body function more easily, and give the mind a handle for dealing with pain.

So let's all meditate for a few minutes. Sit comfortably erect, in a balanced position. You don't have to be ramrod straight like a soldier. Just try not to lean forward or back, to the left or the right. Close your eyes and say to yourself, 'May I be truly happy and free from suffering.' This may sound like a strange, even selfish, way to start meditating, but there are good reasons for it. One, if you can't wish for your own happiness, there is no way that you can honestly wish for the happiness of others. Some people need to remind themselves constantly that they deserve happiness — we all deserve it, but if we don't believe it, we will constantly find ways to punish ourselves, and we will end up punishing others in subtle or blatant ways as well.

Two, it's important to reflect on what true happiness is and where it can be found. A moment's reflection will show that you can't find it in the past or the future. The past is gone and your memory of it is undependable. The future is a blank uncertainty. So the only place we can really find happiness is in the present. But even here you have to know where to look. If you try to base your happiness on things that change — sights, sounds, sensations in general, people and things outside — you're setting yourself up for disappointment, like building your house on a cliff where there have been repeated landslides in the past. So true happiness has to be sought within. Meditation is thus like a treasure hunt: to find what has solid and unchanging worth in the mind, something that even death cannot touch.

To find this treasure we need tools. The first tool is to do what we're doing right now: to develop good will for ourselves. The second is to spread that good will to other living beings. Tell yourself: 'All living beings, no matter who they are, no matter what they have done to you in the past — may they all find true happiness too.' If you don't cultivate this thought, and instead carry grudges into your meditation, that's all you'll be able to see when you look inside.

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Basic Breath Meditation Instructions

Only when you have cleared the mind in this way, and set outside matters aside, are you ready to focus on the breath. Bring your attention to the sensation of breathing. Breathe in long and out long for a couple of times, focusing on any spot in the body where the breathing is easy to notice, and your mind feels comfortable focusing. This could be at the nose, at the chest, at the abdomen, or any spot at all. Stay with that spot, noticing how it feels as you breathe in and out. Don't force the breath, or bear down too heavily with your focus. Let the breath flow naturally, and simply keep track of how it feels. Savor it, as if it were an exquisite sensation you wanted to prolong. If your mind wanders off, simply bring it back. Don't get discouraged. If it wanders 100 times, bring it back 100 times. Show it that you mean business, and eventually it will listen to you.

If you want, you can experiment with different kinds of breathing. If long breathing feels comfortable, stick with it. If it doesn't, change it to whatever rhythm feels soothing to the body. You can try short breathing, fast breathing, slow breathing, deep breathing, shallow breathing — whatever feels most comfortable to you right now...

Once you have the breath comfortable at your chosen spot, move your attention to notice how the breathing feels in other parts of the body. Start by focusing on the area just below your navel. Breathe in and out, and notice how that area feels. If you don't feel any motion there, just be aware of the fact that there's no motion. If you do feel motion, notice the quality of the motion, to see if the breathing feels uneven there, or if there's any tension or tightness. If there's tension, think of relaxing it. If the breathing feels jagged or uneven, think of smoothing it out... Now move your attention over to the right of that spot — to the lower right-hand corner of the abdomen — and repeat the same process... Then over to the lower left-hand corner of the abdomen... Then up to the navel... right... left... to the solar plexus... right... left... the middle of the chest... right... left... to the base of the throat... right... left... to the middle of the head...[take several minutes for each spot]

If you were meditating at home, you could continue this process through your entire body — over the head, down the back, out the arms & legs to the tips of your finger & toes — but since our time is limited, I'll ask you to return your focus now to any one of the spots we've already covered. Let your attention settle comfortably there, and then let your conscious awareness spread to fill the entire body, from the head down to the toes, so that you're like a spider sitting in the middle of a web: It's sitting in one spot, but it's sensitive to the entire web. Keep your awareness expanded like this — you have to work at this, for its tendency will be to shrink to a single spot — and think of the breath coming in & out your entire body, through every pore. Let your awareness simply stay right there for a while — there's no where else you have to go, nothing else you have to think about... And then gently come out of meditation.

See also: "A Guided Meditation"

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Basic Breath Meditation Instructions

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## Essential Oils for Pain Relief

By Shelle Enteen, RA, BA, LMBT

It is safe to say that a great number of clients come to massage seeking relief from muscle and joint pain. Many will also be suffering from stress and need to relax. Others may be athletic or high-powered performers who want pain relief without becoming tired or drowsy.

Essential oils can address all of these areas and add a pleasing fragrant dimension to your therapeutic work.

The most famous essential oil for pain relief and relaxation is lavender (*Lavandula officinalis*, *L. angustifolia*, *L. vera*). Distilled from the flowering tops, the best lavender oil comes from Bulgaria, France, England, Yugoslavia and Tasmania, though it can be grown all over the world. Lavender Vera is grown in higher altitudes, which produces more esters and a finer scent. Lavender has a long list of applications for skin; because of its anti-inflammatory and cell regenerating properties, it is one of the only essential oils that can be applied neat, or

undiluted, to the skin.

Lavender is also antimicrobial, anti-infectious and antiseptic, making it effective in the treatment of wounds and as a frontline defense against respiratory infection. It is tonic to the cardiovascular and digestive systems, lowers blood pressure and helps thin the blood due to the presence of coumarins. Lavender is indicated for muscle spasm, sprain, strain, cramp, contracture and rheumatic pain. It is sedative to the central nervous system and relieves headache, nervous tension, and insomnia; it can also help balance mood swings. Spiritually, lavender is said to balance the physical, astral and etheric planes.

Because of lavender's many therapeutic properties, if aromatherapists were stranded on a desert island with only one essential oil, many would hope it was lavender (it also takes the itch out of insect bites and helps heal sunburnt). But what other essential oils can be called in to use here in civilization? What should you use if your client does not want the deep relaxation or sleep-inducing effect of lavender, or if they have a tendency toward lowered metabolism or low blood pressure? What if they need to relax because they are about to take an exam, give a presentation or walk down the aisle? It's a good idea to ask the client who indicates a need to relax what their stress is about and what life circumstances may be contributing to their pain cycle. This will help you select an essence that is most appropriate for their needs. Also keep in mind that when too much lavender is used it takes on the stimulating effect of a cup of espresso, so it is good for both you and your client to vary the relaxing, pain-relieving blend.

We'll begin with an exploration of aromatherapy for pain and stress, and profile some other sedative oils. Space allows for a partial list of the properties; consult *The Aromatherapy Practitioner Manual*, Vols. I and II by Sylla Sheppard-Hanger, *Aromatherapy for Healing the Spirit* by Gabriel Mojay, and others for more information on each essence.

When you want slightly less sedation but powerful pain relief, there is another type of lavender, *Lavandula latifolia*, *L. spica*, or Spike Lavender. A hybrid of lavender *officinalis* and *latifolia*, Lavandin, *Lavandula-super* is less expensive and often used to adulterate true lavender but is still a powerful antispasmodic well-suited for muscular, respiratory and circulatory problems, and not as a sedative for the mind.

Moving away from the lavenders altogether, other pain relieving sedative oils are chamomile (Roman, *Anthemis nobilis* and German, *Matricaria recutita*), Clary sage (*Salvia sclarea*), helichrysum (*H. angustifolium*), sweet marjoram (*Origanum majorana*), sandalwood (*Santalum album*) and vetiver (*Vetiveria zizanioides*).

Chamomile is a highly effective anti-inflammatory. It eases headache, neuralgia, dull muscle

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## Essential Oils for Pain Relief

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and low back pain, and TMJ syndrome. It relieves dysmenorrhea, PMS and stress that manifests as digestive symptoms.

Clary sage (not to be confused with sage, *Salvia officinalis*) is considered mildly intoxicating and euphoric, and should be used in small quantities and preferably not before an evening of cocktails, as it augments the effects of alcohol. Apart from this, the ability of Clary sage to relieve spasm, muscle ache and cramping makes it extremely useful in massage. It is a digestive aid and can be blended effectively with chamomile for tension and discomfort due to PMS and dysmenorrhea.

Along with lavender, Clary sage is one of the essences chosen to ease labor. It is also associated with dreams and increased inner vision.

Helichrysum has a long history as anointing oil, but well deserves an honored place in therapeutic massage. With many of the properties of lavender, helichrysum is also indicated for bruising and burns, depression, shock and phobia, and is helpful in detoxification from drugs and nicotine. Helichrysum is said to improve the flow along the meridians and to increase spiritual awareness.

Sweet marjoram is highly sedative. It relieves pain, stiffness, sprain, spasm, neuromuscular contractions and is indicated for both rheumatoid and osteoarthritis, dysmenorrhea and migraine. It has a powerful effect on the mind and emotions, relieving deep trauma, grief and heartache.

Sandalwood, well known in Ayurvedic treatment and as incense, also relieves muscle spasm and is helpful in treating sciatica and lymph congestion. It is tonic in the cardiovascular and digestive systems and relieves depression, insomnia, obsession, grief and aggression. Sandalwood opens the mind to spiritual connection and grounds this awareness in the material world.

Vetiver is interesting because it relieves arthritis, muscle ache, pain, sprain and stiffness, but increases venous circulation to help detoxification of tissues. It is said to balance the central nervous system and is grounding and revitalizing, while relieving insomnia, tension and depression.

Apart from lavender, all of the sedative essences listed are pretty potent and require few drops in a blend. The flower essences: rose, jasmine, neroli and ylang ylang, relieve anxiety and have properties that induce relaxation and pain relief.

The citrus oils: sweet orange, grapefruit, lemon, lime, tangerine and Mandarin, reduce tension and instill courage and optimism. Flower and citrus oils blend well with the other sedative oils and add their own dimensions to the therapeutic experience.

If you have a great pain relief or relaxing blend and want to share it, please contact me. In the next Aromatic Message, we'll look at some of the less sedative and stimulating oils for pain relief.

[Click here for more information about Shellie Enteen, RA, BA, LMBT.](#)



1 comment

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Debra Mitchell · 2 months ago

Thank you for sharing on pain and essential oils, the oils are such a better way to go than over the counter medications.

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## Self Massage for Cramps/PMS

This is the third in Sage's series on scientifically proven ways to relieve menstrual cramps and PMS. The first article discussed yoga postures; the second showed effective shiatsu points to use along with heat. In this article, we'll give you some tips for abdominal massage. Abdominal massage, even 5 minutes a day starting about 4 days before your period has been proven to relieve cramps. A couple of things before we start: (1) It works best if you do it every month consistently as the results are known to be cumulative and (2) It will take about 3-4 months to see results.



Finally, if you have the time, of course, you can come in for a full PMS/ Menstrual Cramps session at Sage. The session will include a professional abdominal massage with a specially formulated anti-cramping aromatherapy formula plus shiatsu, Swedish massage, heating pads and hot stones. In the meantime, here's what you can do at home to help yourself:

### Reasons To Modify or Avoid Abdominal Massage:

- Sufferers from irritable bowel disease should avoid this massage. It will irritate your condition.
- Women with fibroids can do the massage but should use gentle pressure.
- Don't do this massage if acid-reflex is active or if you think you might be pregnant.

### The Goal:

Hormones are rushing to the uterus causing engorgement, cramping and that unbearably "full" feeling. Your goal is to reduce the pelvic congestion and cramping with targeted massage.

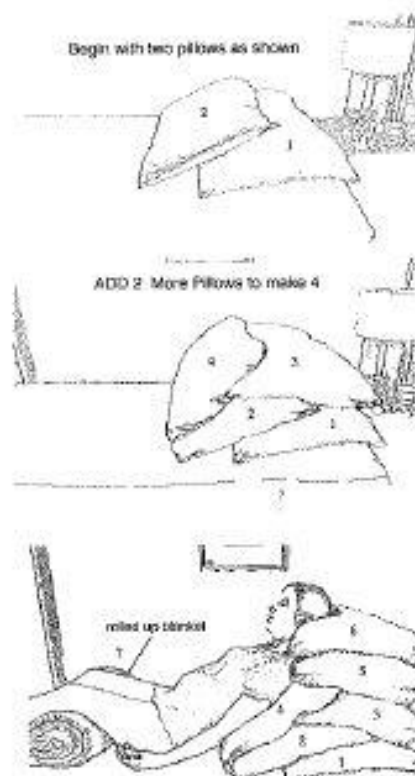


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## The Best Position In Which To Massage Yourself

### Tips:

- You need to be *really* comfy so your bed is the best place to be.
- You need to be slightly sitting up so put a bunch of pillows under your back and one under your legs. The Semi-Reclining Position that we use for Sage prenatal massages is the most ergonomically sound and comfortable position imaginable. See the diagram on how to set it up.
- A heating pad under your back is a fine idea while you're doing your self massage. And, because moist heat penetrates better than dry heat, a moist heat heating pad will be more effective for lower back achiness. The model we use at Sage is by Theratherm. It's expensive at \$50; but, when you figure you'll need it several times a month, the price doesn't sound so bad.
- It's a good idea to prop your elbows up on pillows so your arms don't get fatigued. Your arms may not be strong enough at first to massage for very long. But, you'll get stronger over time, and build yourself some really toned arms!



ADD yet 2 More Pillows & rolled blanket to finish to position

### The Massage:

1. Apply a small (1 teaspoon) of oil to your belly. It can be any cooking oil or a nicely fragrant massage oil that pleased your senses and helps you to relax.
2. Circular motions – Using your right hand, and starting at (but not on) your navel, draw 10 clockwise circle on your abdomen. You want to do clockwise because you don't want to interfere with the digestive direction of your intestines. Using your left hand, also draw 10 clockwise circles. Do several sets. If your arms feel too weak for these moves, use your dominant hand and place the supporting hand on top of it to give you more strength as you do the circles.
3. Circular motions over the uterus – Using either hand or one hand supporting the other, make small circles over your lower abdomen.
4. Shiatsu from ribcage to pubic bone – Support the four fingers of your dominant hand with the palm of your support hand to give you added strength. Start at the midline of your body and, as you exhale, gently press your fingertips towards the spine. After each breath, move one inch down the center line and repeat gentle pressure on the next exhale. When you reach the top of your pubic bone, go back up to below your ribcage, move an inch or two to the right and begin again. Make several passes to the right of the midline and several passes to the left. If you find a spot that's particularly sore, stay with it for several exhalations.
5. Move the heating pad from your lower back to your belly and rest.

## Emotional Care Supporting Documents



### *Training for clinic staff*

## Helping Women Achieve Healthy Coping After an Abortion

The enclosed Abortion Conversation Project handout "*Healthy Coping After an Abortion*" was designed to address patient concerns about post abortion regret, depression, or other emotional problems after an abortion. As providers, we want to prevent post abortion problems, and go even further, *promote emotional health* after an abortion. This involves a clinic-wide strategy that includes: 1) making counseling available to those who need it, either directly or by referral, 2) offering patients self help materials and information about national resources, and 3) encouraging all staff to "de-stigmatize" abortion in their interactions with patients. Although most women will do well after an abortion this information will improve your ability to help women who are concerned about how they will do afterwards.

We hope that you will use the following information in staff discussions or in-services, and hand out this information sheet to all patients who may be concerned that they are at higher risk for post abortion problems. (It may be copied or you can order more copies for a nominal fee from ACP.) ACP also has a PowerPoint presentation that offers even more information, discussion, and strategies for promoting post abortion emotional health.

### **Pregnancy Decisions Are Complex**

Pregnancy decisions are complex and many women find the decision to terminate a pregnancy difficult. The thoughts and experiences women go through in the process of deciding about a pregnancy are as unique as each woman. How the woman feels and what she decides can be affected by many factors including by her age, the nature of her relationship with the man involved and with her family, her financial situation, her spiritual, religious or cultural beliefs, her emotional and mental stability and maturity, and her deepest wishes for herself and her own life. Other factors may be whether a part of her wanted to get pregnant, what kind of support she has, how long she has been pregnant, and how she perceives societal pressures and expectations.

The decision itself may be challenging but women seeking abortion today do so in a hostile social and political environment. Anti-abortion rhetoric is widespread and in many cases internalized by women and those closest to them. Anti-abortion activists, and

even politicians and media personalities use extreme language such as “murder,” “baby-killing,” and “holocaust” to describe abortion and some pro-choice politicians refer to abortion as a “tragedy” or believe that there should be “zero abortions.” In addition, there are very very few instances of positive treatment of abortion in popular culture (TV, movies, magazines, books etc.) and many of those focus on anti abortion violence, not the complexity of a woman’s situation. The stigma attached to the abortion experience is challenging to a woman’s coping ability and should be explored. Who has she told about her decision? Does she feel that people would judge her? How is she coping with the political and social background to her experience? What is the reality that she will return to after she leaves your clinic in terms of support, secrecy, and attitudes of those close to her?

### **Patients Want to Know How They will Feel Afterwards**

Helping clients know what to expect and identify their own resources to cope post abortion is one of the most useful things you can do for a woman. 37% of women in a chart study, “Post Abortion Emotional Concerns” (N=323) marked that they were “concerned with how I will do emotionally after an abortion.” Many of these women didn’t necessarily expect to have problems, but had heard that sometimes “you just get depressed.”<sup>1</sup> Most women felt relief afterwards but in a major study by Brenda Major, PhD that followed 442 women over 2 years, 19% said they would not choose the abortion if they had it to do over again. 1% of women in the study had what could be called a “traumatic” reaction to their abortion experience.<sup>2</sup> These numbers show how important it is to identify those women at greater risk for difficult emotional outcomes. In this and other studies, several identifiable risk factors have emerged. To the extent possible, it is incumbent upon us as abortion providers, regardless of our job title, to notice women who are likely to have problems after an abortion and to offer them concrete help. This does not have to take a lot more staff time and attention. It can mean a referral, re-scheduling the appointment, offering self help materials, or direct suggestions to the patients about how to cope.

### **Problems Before, Problems After**

Research shows us that those women who expect to have a problem afterward are more likely to, and vice versa, those who expect to do well generally do so. It makes sense, then, that those women who present as very ambivalent or conflicted about abortion will have problems if they don’t find a way to re-frame their experience and get support for their decision. You can spot these women if they are crying, calling frequently or rescheduling, or by asking them directly whether this was a difficult decision. This will give you an opportunity to explore how well she is coping with her decision. The woman who tells you, in effect, “I’m special” or “I’m not like others...” is actually telling you something very important—that she needs extra help to get through this experience in a healthy way. There are emotional needs assessment tools available that may help identify women who need extra help in coping.<sup>3a</sup>



Frequently, women who have been previously against abortion, or come from a religious or cultural tradition that opposes abortion, never imagined that they would be in an abortion clinic and are understandably ill prepared. They may not know anyone who has had an abortion or not know that 37% of all women will have an abortion in their lifetimes. She may need you to help her think about her abortion differently; for instance, you can help her realize that she is "a good person in a bad situation, doing the best she can." Sometimes a simple shift in perspective, and some further resources can really help. And if a woman expects to do well, your affirmation of her will help her do even better.

An obvious risk factor is any previous mental health problem, especially depression and anxiety disorders. According to the literature, young women are at greater risk for emotional problems, as are women in an abusive relationship or home. Any stressful experience-- and a pregnancy decision or an abortion will surely be seen that way to them-- can exacerbate an existing mental health problem. If they have recently stopped prescribed medication for depression or anxiety, they should start it again as soon as possible. Explore how they have dealt with past stressful events and who is supporting them that they can turn to. Are they afraid to tell their usual support people because they fear judgment about abortion or pregnancy? Make a plan with them for dealing with mental health problems, such as, "call your therapist," "let's find a way to tell your mother/father," "here is the mental health crisis line number," "call your doctor," "check in with your friend about how you are doing every day for a week." You may want to include their support person in this discussion.<sup>4</sup>

If the abortion is causing a religious or spiritual conflict for a client, you can offer specific literature from prochoice religious groups (see resources) and, if available, a referral to clergy or a talkline. Forgiveness and compassion are quite universal among religious faiths and clients may need to be reminded that they are also deserving of spiritual comfort.

### **Normal Feelings about Life**

In general, it is important to normalize feelings after an abortion. Patients should expect that any life decision as big as deciding whether to have a child will bring with it many feelings. They should be encouraged to find ways to express what they are feeling, either by talking about it with a trusted friend, partner, or family member, writing it down, or finding some symbolic way to represent the experience. (See resources for more suggestions.) If they are trying to oversimplify their feelings as "bad" you can remind them that these situations are much more complex than is commonly believed.

Finally, the entire context of a person's life must be considered in assessing the risks of emotional problems after an abortion. If she is having relationship problems, they will likely continue unless she and her partner get help. If a young woman is struggling with a parent or having trouble at school, the abortion can be seen as one more negative. Re-framing the pregnancy decision as a learning experience may help a woman find some meaning that will help her reach her goals and live out her values. A popular expression among abortion counselors is "A pregnancy decision shines a bright light on

your life. Use it to look at your life, where you are going, who is with you, and what you value." A discussion of the other stressors in her life, as well as coping problems, will help her see that the abortion may have revealed those problems but didn't necessarily cause them. Abortion was what she saw as the best option (or the "least bad choice") to solve the problem of an unintended pregnancy.

### **Secrecy and Silencing are Not Emotionally Healthy**

Helping a woman identify good support is very important to post abortion emotional health. If she is trying to keep the experience a secret (as opposed to not wanting to share her private business with everyone), then the secrecy may become another stressor for her, particularly in a relationship with a partner or parent. Concerns about confidentiality should be explored: does she normally limit her personal business to very few people? (If she had to have a root canal who would know?) Or, is she fearful or ashamed of what might happen if someone knew she had an abortion? She may have excellent reasons for not telling a particular person, but you can point out that hiding or lying about this experience is not particularly healthy and may need to be balanced by unequivocal support from a friend or other family member. She may choose to tell those close to her after the abortion is complete, especially if not telling would negatively affect her relationship with that person.

Some women do nicely with very little support, but if someone close to them is actively opposing their decision, they may be at greater risk for emotional problems. You can openly say, "I'm concerned that you don't have much support" and explore sources of additional support. Give her the phone numbers for national talk lines, and if your clinic offers post abortion support, invite her to call if she is not doing well. Problems with coping afterwards may result in one of more of the following symptoms: frequent bouts of crying, periods of anxiety or not feeling safe, disturbances of eating or sleeping patterns, inability to concentrate at school or at work, not being able to 'get past it' or in general, "not getting better."

A key question is "Do you think that someone would think less of you if they knew you had an abortion?" That is the exact definition of stigma and the extent that she feels stigmatized by choosing abortion may be predictive of her risk for emotional problems. Trying to suppress thoughts about the abortion is a poor coping strategy. (For example, "I'm just not going to think about it" or "We are not going to mention this day ever again.") Frequently those who are trying to *not* think about it are alarmed that intrusive thoughts keep them awake or cause anxiety. In fact, when you are talking to someone who is having problems after an abortion, you can say that those symptoms of intrusive thoughts or interruptions of sleep or concentration are ways of "getting our attention" so that we will attend to feelings that we didn't—or couldn't—deal with at the time of the abortion.<sup>5</sup>

### **De-stigmatizing Abortion**

Our American culture perpetuates the stigma of abortion primarily by not showing anyone having an abortion as a normal event in TV, magazines, books, movies, etc. Furthermore, the political rhetoric on the Right is especially vicious ("murderer") and the slogans on the pro choice side may seem detached from her experience ("It's A Women's Right" or "Who Decides?") or further marginalize her experience ("Abortion should be RARE"). It helps to give women who are feeling especially stigmatized some recognition of her dilemma: "Our society is very crazy about this issue, so that makes it harder on you, but remember 37% of all women will choose an abortion in their lifetimes." Or, "If no one talks about their abortion experience you could feel that you're the only one. But, one in three women have abortions, you just might not have heard their stories."

Sometimes it is difficult for a woman to imagine telling someone that she had an abortion, for fear that they would judge her or think less of her. You can help by offering her some opening lines. She can "set up" a conversation to soften the person's reaction. For instance, "I want to tell you something, but I am afraid you will judge me...." Or, "I want to share something very personal. I'm not asking you to tell me what to do, I just need someone to talk to." Breaking the cultural silence around abortion often requires real courage and as a provider you can encourage her and share your stories of other patients or personal stories about telling people where you work. (See [www.abortionconversation.com](http://www.abortionconversation.com) for more discussion.)

Many clinics are also offering other ways for patients to express themselves in waiting room journals, writings on the wall, and online forums like [www.abortionchronicles.com](http://www.abortionchronicles.com), [www.IMnotsorry.net](http://www.IMnotsorry.net), [www.fwhc.org/stories](http://www.fwhc.org/stories), [www.ourtruths.org](http://www.ourtruths.org), etc. It is very validating for women to read about other women who have experienced abortions either in your waiting room, by picking up a copy of *Our Truths/Nuestras Verdades* or on the web. An easy way for people who have access to the Internet to connect with resources is by giving them a card for [www.choicecleanup.com](http://www.choicecleanup.com), a webbing that constantly updates a list of reproductive health information and prochoice resources. ChoiceLinkup cards are available free from ACP. Also, be sure your clinic site is linked to [Choicecleanup.com](http://Choicecleanup.com).

Help for significant others and support people will also help our patients. A brochure for parents and one for partners is available from [www.pregnancyoptions.info](http://www.pregnancyoptions.info). Two new sites, [www.menandabortion.com](http://www.menandabortion.com) and [www.MomIMpregnant.com](http://www.MomIMpregnant.com) (DadIMpregnant.com) are also helpful in attending to the needs of male partners and parents.

### **Was it a hard decision?**

We all believe that women are capable of deciding what is best for their lives. But we also know that there are times when we wonder, "Do some women not trust themselves?" Many women defer to the wishes of a partner or a parent and never fully think through the decision for themselves and "own" it. These women may be a greater risk for emotional problems, especially if the relationship with the partner breaks up and

they are left alone, or if they have a fantasy about what a pregnancy would do to their lives. Whenever possible, encouraging these women to re-schedule and think more about their decision may well prevent post abortion problems. Even challenging her to make the decision for herself and not give in to someone else can help her understand that she is responsible for her decision and her emotional health.

There are, of course, women who have a difficult time making any decision, even small ones, like what restaurant to go to. Sometimes it is helpful to ask, "How do you deal with making other decisions in your life?" Most women who have this difficulty are very candid about it: "Oh, I have a terrible time!" You can ask what helps her, who is supportive in this process, etc. Is her partner sharing the responsibility for the decision or is he letting her make it? You can also ask the crucial question, "What if you make a mistake, or decide later that you made the wrong choice?" Asking her to plan ahead for a potentially hard time is frequently very helpful, and she can line up additional support, talk to those closest to her about her dilemma, get partner to validate the decision, deal with any moral issues, etc.

Women who seem unnecessarily hard on themselves, especially about a birth control failure, a perceived mistake in judgment about a relationship, or the circumstances of getting pregnant, may also have a hard time afterwards. Anecdotal evidence suggests that these women are insisting that they be "perfect" and therefore have difficulty forgiving themselves. A more 'normal' reaction might be feeling "bad," but rationalizing the event: "It's just my luck!" or "It's not fair that this happened to me—I was trying!" Someone who is not a perfectionist will be comforted by the idea that one abortion is much less than a 1% failure rate. (Given 300 possible opportunities to get pregnant in an average lifespan, 3 unintended pregnancies is 1%.) The perfectionist will not be relieved to hear that others are in her situation too. One question you could ask, if her reaction seems excessive, is "Would people close to you describe you as a 'perfectionist'?" Most women who struggle with perfectionism will readily admit that this may be a factor. A referral for ongoing counseling may be appropriate or, if she is religious, a clergy person to remind her that "God forgives her, and she should not put herself above God by not forgiving herself." <sup>6</sup>

### **It's Normal to Have More than One Feeling**

Helping a woman articulate her feelings is one way that you can contribute to her emotional health. Frequently her feelings are all mixed together under the heading of "bad" and sorting out each emotion can help her understand her own situation. Once she understands what she is feeling, she can talk about her emotions accurately to other people, find ways to express them appropriately, and act on them. For instance, she may say, "I just feel bad all the time—like I am a bad person." With a little encouragement, she might find, for example, that she really feels sad because, although she loves children, she is not ready for another child, and a little mad at her partner for refusing to use condoms, and ashamed that she has already had one abortion. In this imaginary scenario, she could find ways to express her sadness and work to be more ready for another child in the future; she might be able to have a serious conversation with her



partner about birth control; and she might get a new perspective about repeat abortions from you. In other words, getting her to talk more fully about her feelings can lead to insight and positive action.

There is some new research that suggests that dwelling on an experience or going over and over it is not emotionally healthy. The mental health professionals call this “perciveringating” and if this seems true for one of your patients, a referral for counseling and possibly a medication may be the best course. Post abortion, if “things aren’t getting better” she may find a counseling session or two very helpful. It is difficult to know how long it might be appropriate for someone to be grieving a pregnancy as there is no time limit on feelings, but a general rule of thumb would be that after twelve weeks her intense feelings should be receding. If not, she needs a referral for longer term counseling.

It is important to reinforce that pregnancy decisions are complex and that most women make decisions because they want to make their lives better, including the lives of those that may depend upon them. The simple act of listening can have a profound effect on a woman and can really strengthen her ability to cope with this experience. Having been really “heard” she can act on her own behalf more easily in dealing with this situation. Encouraging her to say these things to partner or family or friends will also help her to feel “understood” and not judged. Another opportunity for her to talk about her experience is to call one of the talklines or use one of the prochoice Internet sites devoted to abortion stories, especially if she is not ready to talk extensively or if you are short on time.

### **Feeling Better Afterwards**

Many women do not know how to integrate this experience into their lives without some help, often from your ability to re-frame the experience as normal. They may get stuck on the idea that they are bad, or that what they did is bad, or that they must never talk about it again, which of course, can be a recipe for emotional distress. It is far better if they can find a way to view this experience as perhaps unfortunate, but one in which they learned some valuable things. Some of the “wisdom” they may have gained might be that “life decisions are not black and white,” that “compassion for others—including me—is a good thing,” that “there are more effective birth control methods and the more you know the safer you will be,” as well as more personal insights about relationships, goals, values, etc. Getting her to talk about what she has gained may be helpful for her as she incorporates this experience into her life “story.” It will help her to be able to tell her story to others.

Many women feel the need to find some symbolic way to acknowledge the importance of this experience in their lives. Because everyone’s understanding about spiritual matters is so different you may not know how to talk about it. If you feel she may benefit from some kind of closure, you can list a sort of “menu” of things that other women have done that seemed to help them and suggest that she plan something that would comfort her. There is a discussion and a list of what women have reported in the Pregnancy Options Workbooks, [www.pregnancyoptions.info/pregnant.htm#13](http://www.pregnancyoptions.info/pregnant.htm#13) “Healing

Work” and “Women’s Stories.” There is even more extensive help for women in the newer *Guide to Emotional and Spiritual Resolution After an Abortion* also on line at that site. This includes a discussion of ritual, steps to understand the complexity of her situation, creating new positive messages, and plenty of religious affirmation and rituals. It also includes some valuable sections: A Note for Healing Partners, for those trying to help a woman, A Note for Clergy and a Note for Counselors with resources that she could take with her to a session with clergy or counselor, and finally, a section on what it’s like to go to a counselor and how to choose one. This *Guide* is on line but it’s nice to have a few printed copies on hand, available from the online store at above site.

Or, you can share some stories that you may have heard from other women. If religion is central to her life, she may be interested in the prochoice religious websites or their literature (many are downloadable from [www.rcrc.org](http://www.rcrc.org)). A clergy person of her faith may be able to comfort her or provide some ritual that would acknowledge this pregnancy loss, or she may find ways to mark the loss herself.

Eradicating the stigma of abortion is crucial to promoting post abortion emotional health. Women, and those supporting her, must be encouraged to share their experiences wherever they can do so safely. Other women’s stories-- on websites, waiting room journals, and through opportunities to talk with other women-- will provide perspective on the experience of abortion. The Abortion Conversation Project has created [www.ChoiceLinkUp.com](http://www.ChoiceLinkUp.com) to help women access these resources and we are committed to the further development of other resources for patients and clinic staff. As abortion providers, we have an opportunity, and a responsibility, to address the social context of abortion as a way of helping women be emotionally healthy after an abortion.

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[www.imaginecounseling.com](http://www.imaginecounseling.com)

#### **Resources:**

• *A Guide to Emotional and Spiritual Resolution After an Abortion* The Pregnancy Options Workbooks [www.pregnancyoptions.info](http://www.pregnancyoptions.info) available on line or in print from online store. (Also available *A Time to Decide, Inner Healing After Abortion, Peace After Abortion*)

- Backline—Pregnancy Options Talkline 1-888-493-0092. Free cards, contact [info@yourbackline.org](mailto:info@yourbackline.org)
- Exhale Post Abortion Talkline 1-866-439-4253, free cards, contact [info@4exhale.org](mailto:info@4exhale.org).
- Training materials available from the Abortion Conversation Project: 1. Powerpoint presentation on "Promoting Post Abortion Emotional Health, narrated, approx. 1 hr.
- 2. "Post Abortion Counseling" by Peg Johnston 2005. Contact [Info@abortionconversation.com](mailto:Info@abortionconversation.com).
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- [www.abortioncarenetwork.org](http://www.abortioncarenetwork.org)
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- [www.choicelinkup.com](http://www.choicelinkup.com)
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- [www.menandabortion.com](http://www.menandabortion.com)
- [www.MomImpregnant.com](http://www.MomImpregnant.com) and [www.DadImpregnant.com](http://www.DadImpregnant.com) (going live in 2006)
- [www.rerc.org](http://www.rerc.org) Religious Coalition for Reproductive Choice downloadable handouts on various religions and their view of abortion
- [www.cath4choice.org](http://www.cath4choice.org) Catholics for a Free Choice
- [www.abortionclinicdirectory.com](http://www.abortionclinicdirectory.com) Directory of Abortion Clinics with educational content.

Prepared by Margaret R. Johnston for the Abortion Conversation Project ©2006.

*Do what you feel in your heart to be right - for you'll be criticized anyway. ...No one can make you feel inferior without your consent. -Eleanor Roosevelt*

# You Are a Good Woman



You are a good woman. It may be hard for you to believe that right now, but deep in your heart you know you are making your decision out of a place of goodness. This pregnancy and whatever choice you make about it doesn't change that.

For some women abortion is a clear, certain decision. For others it can be really hard. For most women it is somewhere in between.

## Many Women Have Chosen Abortion

For thousands of years women all over the world have wanted to prevent pregnancy and birth when they are not ready to have a baby. Since 1973, when the United States Supreme Court made abortion legal, there have been more than 53 million women in America who have chosen abortion. Those abortions also involved nearly 53 million men. One in three American women will have an abortion during her life. Each day, good women and men just like you make that choice.

## There Are People Who Want to Make You Feel Bad

Here is something that may surprise you. Even though you know you are doing the best you can, there are people who are working hard to make you feel guilty and ashamed. These are the people who want abortion to be a crime. For nearly forty years since abortion became legal, these people have spent millions of dollars and used politics, religion, intimidation, terrorism, threats, arson, violence and even murder to try to make it so you don't have a choice.

This may already be a hard time for you. It's not fair, but making you feel even worse is part of their plan. They believe that if you feel guilty and ashamed it will be hard for you to stand up for yourself, let alone for any other women. The people who don't want women to have any choices act as though they speak for God—as though they are God. And they think if they act righteous enough they might be able to control you.

The anti abortion activists are a small group. They are not necessarily bad people. Some of them may be very sincere in their beliefs. But they think they are right and everyone else is wrong. The only thing they care about is their crusade to make abortion illegal. You may have had to walk past some of these people if there were picketers outside the clinic.

## They Don't Know You

These anti-abortion people don't know you. They don't know what's in your head or your heart. They don't know about your life or your values. They don't know if you have other children depending on you. They don't know if the man involved is someone you can trust or depend on. They don't know if you are ready to be a mother, or if you can afford to care for a child. They don't know your spiritual or religious beliefs. They don't know your situation. They don't know what you want. And the truth is...

*They don't really care.*

## When People You Care About Judge You

It is very hard when you think that people you care about will judge you—or think that you are doing a bad thing. It hurts when people think less of you. How can you feel sure of yourself and your own decisions when you don't have support from people who are important to you? At those times, you need to be as sure as you can of what is right for you. One of the challenges we all face is learning to trust our own hearts and being OK even if other people don't agree. It is also important to find someone, even if it's only someone at the clinic you are going to, who isn't going to judge you.

Sometimes criticism may come, not from friends or family, but from your church. No matter what you think the rules of your religion are, what is the heart of your faith? What does your religion teach about forgiveness? How does it provide support and comfort for you at times when there is no easy decision? What does the *God inside your heart* say?

## How You Feel is Up to You

You are making two very important decisions. The first decision is whether to continue or end your pregnancy. The second decision is how you're going to *feel* about that afterwards. Most of us don't think that how we feel about things is a decision. But who else is in charge of your thoughts and the meanings you give to things?

When you hear something over and over, like "abortion is murder", it can get into your head—like a commercial. But if you really believed that abortion was the same as murder you probably wouldn't even be considering it.

When you're facing tough times, it can sometimes feel like you are a scared little kid. That can give an angry, judgmental voice of authority, like the anti-choice protesters, even more power. The anti-abortion people have not been able to make abortion illegal yet, but they have made many women doubt their own goodness.

## Honor Yourself

One woman could have an abortion and might forget how hard she worked to make a good decision—and how much she cared. Later, she might decide she is a bad, selfish woman who will never be forgiven.

A different woman could have an abortion and might remember her reasons for choosing abortion and have compassion for herself as a human being in a difficult situation. She could accept whatever feelings she is having, and decide she is a good woman doing the best she can for herself and her family. Which woman would you choose to be?

## Do You Judge Yourself?

It never feels good to be judged from the outside. But it can be even harder when the mean, critical voice of judgment is coming from inside your own head. Women so often judge themselves without mercy. It's like we have a horrible bunch of picketers in our own minds! Who benefits when you punish yourself? Who pays the price when you are suffering? You, of course. But also the people closest to you—your family and friends. If you decide to treat yourself with kindness you give a gift to yourself and everyone close to you.

## In Real Life Things Are Not Black and White

In real life things aren't just one way or another—black or white. We are likely to have mixed feelings about difficult issues. But when it comes right down to it, how we live our lives, whether we are miserable or happy and how we feel about ourselves, is pretty much our own decision. What kind of life do you want to have?

## Women Know

Can it be that women know something very deep inside, even deeper than fear and shame? Can it be that women know it is their responsibility to decide when to bring a new life into this world? Can it be that you know better than anyone else what is right for you? If you doubt that, think for a moment— who else would you trust to make this decision for you? Women are not the enemies of our children—even those we decide not to bring into the world.

## Don't You Deserve to Feel Peace?

If you have thought carefully and made the best, most responsible choice you can, then what's all this judgment and criticism doing in your head? **Don't you deserve to feel peace and resolution?** If you begin to doubt yourself, remember your goodness. You could take a deep breath and put your hand on your heart and say to yourself, "*I am a good woman doing the best I can*".

**You are a good woman.**




Abortion Care Network  
RESPECT • CONNECTION • ZEST



Abortion Care Network <http://abortioncarenetwork.org/> also on facebook and twitter  
Abortion Conversation Project <http://www.abortionconversation.com/>  
Pregnancy Options Workbooks, <http://pregnancyoptions.info/>  
Backline All Options Talkline 1-888-493-0092 <http://www.yourbackline.org/>  
Faith Aloud interfaith reproductive justice 1-888-717-5010 <http://www.faithaloud.org>  
Religious Coalition for Reproductive Choice <http://www.rcrc.org>  
Catholics for Choice <http://www.cath4choice.org>  
Exhale after-abortion counseling talkline, 1866-439-4253 <http://www.texhale.org/>



Source: Candace de Puy and Dana Dovtich, *The Healing Choice: Your Guide to Emotional Recovery after Abortion* (1997)



## Chapter Eight

### *The Process of Healing*

"Nothing strengthens the judgment and quickens the conscience like individual responsibility."

—Elizabeth Cady Stanton  
"Solitude of Self"

Transformation can bring understanding that is like an internal light-bulb. It can be a slight glimmer eliciting a "Yes, I can just see the light," or an aurora borealis that causes us to gasp in awe. Either way, it marks the process of healing.

When a woman has had an abortion and moved on, she is no longer exactly the same. When we asked the women we interviewed to "Pick words that define yourself," they readily gave many answers. But when we asked them where their abortion fit into their lives, we found that it was often relegated to a "secret place." A secret place is acceptable if you feel no post-abortion pain, but if your abortion has been buried because it remains a source of shame and discomfort, pay special attention to the healing exercises throughout this chapter.

The following exercises are designed to help you learn more about yourself and your abortion, and to continue your process of

transformation. As you gather new insights it is important that you admit them to yourself or to a trusted other. Undelivered communication perpetuates pain and loss. Writing, or even sharing with another person, can move the process of healing forward.

John W. James and Frank Cherry, experts on the grieving process, emphasize that individuals carry their own suffering and that they are ultimately responsible for its healing. So, as you pick out and do the exercises in this chapter, talk to yourself . . . and listen.

There is nothing permanent except change.

—Heracitus  
Greek philosopher

### Exercise One: Awareness of Changes

1. Make a list of the positive changes you have noticed within yourself since your abortion, or since starting this book.

Some changes might be

- a. I have more information about my abortion.
  - b. I am more aware of my anger.
  - c. I realize my abortion allowed me to pursue my goals.
2. After thinking about the changes you have already experienced, think about the changes you hope to see in the future and respond to the following:

- a. As I heal from my abortion, I will seem different to myself in these ways . . .
- b. As I heal from my abortion, other people will also see me as different. They could then say about me, "Did you notice that . . ."

### EXAMPLE OF HOW THINGS ARE CHANGED:

Lucy answered the above questions this way:

1. As I heal from my abortion, I will feel more secure. I will feel more able to speak my mind to others. When I make mistakes, I won't flash back to my abortion. When I look at a baby, I will remember my abortion with just a touch of sadness, not with so much self-criticism.

2. Did you notice that Lucy doesn't apologize for things so much anymore? And did you notice that she isn't spending so much extra time at the office? She seems to do more recreational activities lately. She seems more peaceful too.

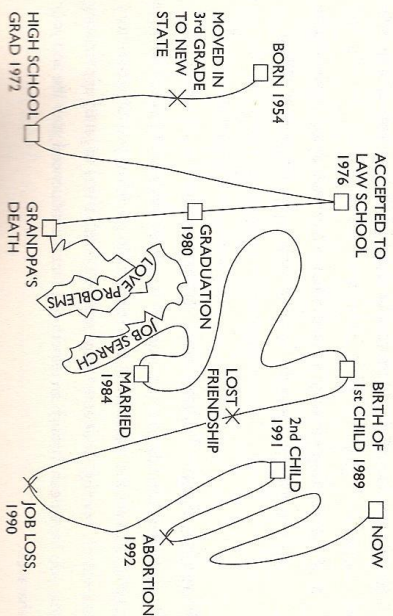
### Exercise Two: Charting Your Life Pathline

Charting a Life Pathline is a clear way to visually recognize the transitional events in your life that have shaped your history and your character.

Make a line on a piece of paper (you may want to do this in your journal) that marks your life path from the moment you were born to this minute. Your path can be a straight line or an elaborate, squiggly one. Mark a small square on the line for each major milestone in your life, such as: "Graduation—1986," "Moved to Chicago—1993,"

"learned to drive—1991." Next, mark an "X" on the line for every significant loss you have experienced, such as: "Abortion—1993," "Divorced—1981," "Grandpa's death—1981."

Here is an example of Trish's Life Pathline:



Blessed are they that mourn, for they shall be comforted.

—The Beatitudes



When you finish, sit back with your Life Pathline and notice the life experience you have acquired. Your changes and losses are foundation stones in your character; they help make you the intricate person that you are. Looking at your Life Pathline also allows you to greet the future, to see the life you have yet to live.

### Exercise Three: Making Transitions

How we spend our days is, of course, how we spend our lives.

—Annie Dillard  
*The Writing Life*

Most people can recognize transitional events in their lives but may remain unsure how they managed to get through the difficult times. Answer the following questions to help yourself know more about your personal process.

1. Other than your pregnancy, when have you felt uncomfortable over something you ended in the past?
2. What solutions did you use to help yourself? For example, did you confront someone, did you seek counseling, did you confide in a friend?
3. What do you feel disenchanted about in your life today? People? Goals? Events? Activities?
4. How might past solutions help you regarding your abortion transition?
5. Have you felt differently about your identity since your abortion? In what ways?
6. If you had to go through your abortion experience again, would you do anything differently in order to make things easier on yourself? What?

### Exercise Four: Telling Your Story

If you haven't already told the story of your pregnancy and abortion in your journal or to another person, this is the time to do so. Telling your abortion story is a way of "owning" your entire experience. It is also a way of gently appreciating that you have been through an experience that has influenced your life and your character.

Psychotherapists find that when people tell their life stories they often come to value the depth and complexity of themselves. Almost everyone has had the experience of having a marathon conversation with a friend in order to get some problem "off your chest." Even if the friend gives no advice, such storytelling can reduce stress, solve problems, uncover buried emotions and allow you to feel "human."

When we tell our stories we see connections between events. By re-experiencing any upheaval we can identify the specific parts of our past that are healed and those parts that still need attention. This insight can direct us to a problem and allow us to break free from our inner pain. We can choose to heal, lessen the suffering and finally let it go.

Start with the beginning of your relationship with the father, or before, and work your way through to today. Relate the major events and your feelings, then and now. Avoid analysis and your inner "critic."

Change is the constant, the signal for rebirth, the egg of the phoenix.

—Christina Baldwin  
*One to One*

### Exercise Five: Confidence Building

When a woman is in pain, she can easily forget all her talents and positive qualities. Psychotherapist Leslie Etchenbaum recommends a simple exercise that can give you perspective and help rebuild your confidence. As you do this exercise you may be surprised at what you will learn about yourself.

1. Make a list of ten personal achievements.
2. Make a list of ten personal abilities.
3. Make a list of ten positive personal qualities.
4. Imagine that a good friend is introducing you to a third party, in an extremely positive way. Write out what that person would say about you, and when you finish, read the introduction aloud.



**EXAMPLES OF CONFIDENCE BUILDING:**

After her abortion, Diane felt she needed to remember her strengths. She felt fragile and oversensitive and decided to do this exercise.

1. *Ten Personal Achievements:* Finished school, took a drawing class, had two children, have four very trusted friends, threw a fifteenth wedding anniversary party for my parents, traveled outside the country, helped decorate the lobby at the synagogue, built a fountain in my backyard, gave to a charity, worked to build a healthier marriage.
2. *Ten Personal Abilities:* Can draw, can do kung fu, know a little Spanish, remember important birthdays, am a pretty good cook, can ballroom-dance, know home health remedies, am a good storyteller, am an excellent gift wrapper, can build a campfire.

—Marie Allen and  
Shelly Marks  
*Miscarriage: Women  
Sharing from the Heart*

3. *Ten Positive Personal Qualities:* Loving, caring, funny, smart, clever, creative, intuitive, sensitive, sexy, assertive.
4. *Introduction:*

"I would like to introduce my good friend Diane. She is such a wonderful person. Many times she can intuit what is needed in a situation and then act exactly on what she feels. She is especially intelligent and funny. Not everyone can mix those qualities well, but she certainly can. I appreciate her sensitivity, and I know you will too. She is easy to get to know as she is honest and forthcoming about who she is. And talent! Let me tell you. She does kung fu, draws, travels and camps. With so many positive talents you'd think she was conceited, but it's just the opposite. She is quite humble and loving."

Go ahead and write. Be honest, but don't be modest!

**Exercise Six: Things That Need Forgiveness**

Forgiving yourself for getting pregnant and having an abortion is essential. It helps you release anger and move forward in your healing. The process of forgiving helps you recognize your humanness.

1. Make a thorough list of the things you have been beating yourself up over. For instance: "I should have used birth control," "I should have been smarter," "I shouldn't have had a drink," or "I should never have had an abortion."

2. Now, write a forgiving statement to yourself for each of the things on your list. For example: "I forgive myself for not using birth control, because I counted the days between my periods wrong."
3. Make a thorough list of the people you are mad at and why.
4. If you feel forgiving (there is no need to force this, as acceptance of your abortion doesn't require forgiving others), make statements of forgiveness for those people on your list you choose to forgive, as you did for yourself in step 2.

If you think you  
can, you can. And if  
you think you can't,  
you're right.

—Mary Kay Ash  
New York Times

Forgiveness is not always easily reached. You cannot forgive unless you understand what you are forgiving in yourself or another person. Forgiving, as the old expression goes, does not mean forgetting. Remembering the mistakes you made or the wrongs that were done to you helps you remain conscious and aware so that future wrongs happen less and less.

**Exercise Seven: Forgiveness Letter to Yourself**

Write a letter of forgiveness to yourself. Be fair and be kind.

**EXAMPLE OF LETTER OF FORGIVENESS:**

Dear [insert your name],

You are forgiven for having beaten yourself up for five years since your abortion. You are also forgiven for having had an abortion because . . .

[Keep on writing until you've said it all].

With love and understanding,

[insert your name]



### Exercise Eight: Saying Good-bye to Your Old Self

As you grow and transform into a healthier woman, old ways of being die. Saying good-bye to your old self helps you to reaffirm how far you have come in your recovery.

1. Get several pieces of paper, a pen, an envelope and a stamp.
2. Write a good-bye letter to your "old self." Include good-byes to old ways of being, thinking and feeling about your abortion. Include things you have learned from having had an unwanted pregnancy and abortion. Include thank-yous for anything gained from your old self.
3. When you have finished, address the envelope to yourself, stamp it and mail it. When it arrives at your home, put it away until you have quiet time to read it. Read it carefully.

Forgiveness is the act of admitting that we are like other people.

—Christina Baldwin  
*Life's Companion, Journal Writing as a Spiritual Quest*

#### EXAMPLE OF SAYING GOOD-BYE TO YOUR OLD SELF:

Marianne took a spiral notebook and pencil, went into her backyard, sat in the grass with her cats and wrote the following good-bye letter:

"Dear Old Marianne:

It is time I let you go. You truly did want an abortion and you truly did not want to have kids, but you also have suffered enough about your loss.

You are so loving toward every living thing, even your cats, that I know that the decision was painful to you. It is okay to think about the fetus, which might have been a child one day, and it is okay to forgive yourself for having such passionate sex you didn't stop to use a condom. I'm saying good-bye to you, though, because you have suffered enough.

I want to tell you that I have learned a lot from you. You have taught me how important every second is in life. You have taught me to be more responsible for my sexuality and my passions. You have helped me understand the sadness that our childhood has caused us. I mourn that, and I know you do too.

I want to thank you for causing me to look deeply within. You quit therapy several times, but after your abortion, you really made a commitment. Thank you for giving me more self-love and care. I will miss you, but it is time for you to go because you have spent enough time going over and over your abortion pain. I want you to let me come forth and celebrate who I am becoming. I love you.

Sincerely,

The New Marianne"

To err is human, to forgive divine.

—Alexander Pope  
*The Eternal Now*

### Exercise Nine: Journal Letters

Journal letters give you a format to write an imaginary letter to yourself or to someone else in your own journal. It has five specific steps, which are inspired by author John Gray. It is helpful to go step-by-step because the progression can guide you toward deeper and more complete emotions. Each section may be a paragraph or several pages. The sentences begin as follows:

1. I'm angry because . . .
2. I'm guilty because . . .
3. I'm sad because . . .
4. I need you . . .
5. I love you because . . .

Journal letters are especially useful when you find yourself either emotionally "stuck" or so overflowing with emotions that you can't make sense of them. The five steps can guide you to subtle places within. You might address a letter to the fetus, the father, a family member or even yourself.

#### EXAMPLE OF JOURNAL LETTER:

Susan wrote a journal letter to her married ex-lover. Although she chose to keep it in her journal when it was finished, the process of writing the letter allowed her to honestly face several difficult issues.



"Dear Jerry,

*I'm angry because you controlled me with your anger. I'm furious that you were so standoffish that I was terrified to tell you I got pregnant. I'm angry that you are such an idiot. I'm angry that I had to go through the experience alone. I'm angry that you got off scot-free and that you still have a wife and two kids. I'm angry that when I got pregnant, your job wasn't threatened.*

*I'm guilty because I wasn't strong enough to ask for your help. I feel guilty for being involved with you in the first place. I feel guilty that I got pregnant at all. I feel guilty that it took me so long to learn a lesson.*

*I'm sad because I lost the opportunity to have a child. I feel very sad that now I don't have you or a baby. I'm sad that I had to make such a hard decision.*

*I need you to know that I really loved you. I also need you to know that your love wasn't a good love for me. I need you to know that I am okay. I need you to know that I learned a lot being with you. I need to get on with my life and not ever get involved with a married man again. I need my job to continue going well so that I have a good future.*

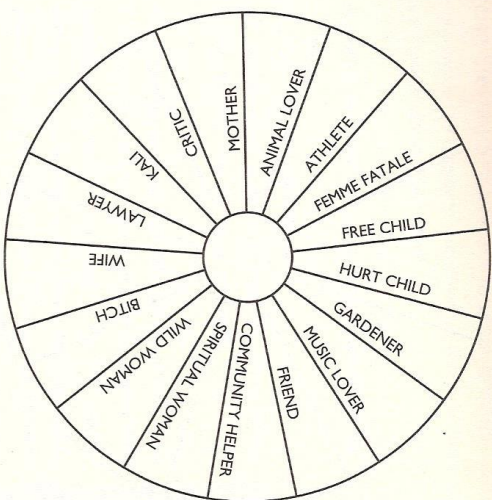
—Amy Tan  
The Joy Luck Club

*I love you because of the many days we shared. I love you for giving me attention when I felt like dirt. I love you for how creative you are. I love knowing that I am okay without you.*

Lovingly,  
Susan"

### Exercise Ten: The Self Wheel

The Self Wheel is a working blueprint to help you visualize your inner life. Here is an example of Trish's Self Wheel:

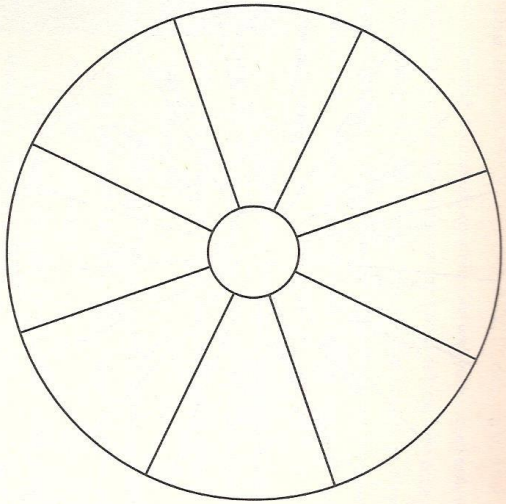


The spokes of the Self Wheel represent the varied aspects of a woman's inner life. Each woman, depending on her character and life situation, has different aspects. Some aspects might be: the daughter, mother, wife, fiancée, adult, animal lover, hurt child, free child, athlete, writer, gardener, musician, teacher, art lover, critic, wild woman, Kali, femme fatale, spiritual woman, worker, lover, caretaker.

Just as liquid needs a container, the contents of a person need a container too—the rim of the wheel represents that container. The place that many women refer to as their "center" or "core" is represented in the wheel by the hub.

On the next page is a blank Self Wheel diagram for you to complete (or you may want to draw this in your journal). Place aspects of your inner life on each "spoke" of the wheel. Add more spokes as you need them. As long as you describe yourself, you can't get the wheel wrong. Put your name above the wheel when you're done.





Your awareness of different inner aspects of yourself, or "spokes," allows you the ability to move from spoke to spoke. This is a natural thing that people do, and it is a significant component of being a mature woman. For instance, if a post-abortion woman is stuck in her "critic" spoke and feels significant judgments about her past action, it is essential that she move to another appropriate aspect of her inner life to help her understand the meaning of her abortion. For some women that other spoke may be the "adult," or the "caretaker," or the "spiritual woman" part of themselves.

Remember: each self-aspect contains richness and feelings; the spoke is not a feeling in itself. For example, the "caretaker" may feel many things—strong, patient, frustrated, durable, etc.

### Exercise Eleven: Self Wheel Journal Entries

A helpful technique to employ in journal writing is to write from a particular aspect, or "spoke," on your Self Wheel.

1. In your journal, write from one spoke on your Self Wheel.

#### EXAMPLE OF ONE-SPOKE WRITING:

Lee had "Family Member" on her Self Wheel. She wrote a journal entry from the point of view of that part of herself.

Family Member speaking: "It is difficult listening to my mom talk on and on about the 'old country.' I must laugh at times because we've been here seventeen years. Yet I too feel callings. I hope to visit there. I can't really remember much, just something about the cold and the airport. I do like to watch my mom when she cooks the fish she learned how to prepare from Grandma. She is silent and calm. In moments like this, I am sad she doesn't know about my abortion. I feel like a traitor, not telling her. Yet, and I cry as I write this, I guess I do not feel like a traitor to her because I protected her by not telling her that I got pregnant in high school. So who's the traitor? Hmm. I don't know. Maybe both of us."

Why does man accept to live a trivial life? Because of the danger of a full horizon of experience, of course.

—Ernest Becker  
*Denial of Death*

2. In your journal, write letters between two Self Wheel spokes that want or need to talk to each other.

#### EXAMPLE OF TWO-SPOKE WRITING:

Susan, who chose her new job as a telephone line person over her pregnancy by a married man, wrote a journal letter from her "worker" self to her "lover" self.

"Dear Worker,"

I really love and appreciate you because you've taken care of me long after my dreams of Jerry died. You made quite a sacrifice in order to



support me, you worked hard to train for your job and you've purchased us a home. I respect you even if I'm angry you kept me from having my baby. Maybe not angry anymore—just sad. I guess if we were on welfare, or our kid was in day care eight hours a day, I'd be even angrier. I'm just sorry you had to decide so fast. I guess I'm actually thankful too.

Sincerely,  
"Lover"

Who sees the  
other half of Self,  
sees Truth.

—Anne Cameron  
*Daughters of Copper  
Woman*

Susan's inner "worker" wrote back to her own inner "lover."

"Dear 'Lover,'

It's about time I heard from you. You've treated me as if I had the abortion to torture you instead of to support you. You've really pissed me off, and I've wanted to scream at times. Jerry would have been very angry if he knew I was pregnant, and he would have found out for sure—this way it didn't screw up his life with his wife and kids. Having a baby would have really messed up my life too. It hurts us a lot, though. I know. But we're okay. I'm working hard and I love it. I'm also glad Jerry is a thing of the past. I guess I aborted him too. I want you to know that I had to make the decision to abort under time pressure. It was very difficult for me. I'm sorry too. Write more, please.

Yours forever,  
"Worker"

3. Write a "journal letter" between two spokes using the five-step process: anger, guilt, sadness, need and love.

#### EXAMPLE OF TWO-SPOKE JOURNAL LETTER:

Susan wrote a letter to her "Worker" spoke from her "Lover" spoke using this format. This is a condensed version of her letter:

"Dear 'Worker,'

I am angry with you because your career drive caused me to give up my possible child. I'm angry that you had to keep your job and couldn't be pregnant at the same time.

I am guilty because I feel so ungrateful to you. I feel guilty because you were doing your very best. I feel guilty we aborted.

I am sad because we lost the opportunity to have a child. I'm sad because I love children. I'm sad because I don't have other kids yet.

I need you to know that having an abortion for your career and to take care of us, as a single woman, is appreciated. I need you to know that I know your decision wasn't easy.

I love you because you are strong. I love you because you faced such a difficult period and you are okay now. I love you because you are so sensitive.

Sincerely,  
"Lover"

Wherever we go,  
whatever we do,  
self is the sole sub-  
ject we study and  
learn.

—Ralph Waldo Emerson  
*Journals, 1831*

#### Exercise Twelve: Creating Artwork

Art has long expressed specific or symbolic parts of a person's inner life. Drawing, painting, sculpting, dancing, stringing beads or writing a poem can give form to instinctive heartfelt connections. It is easy to make something artistic that expresses your feelings as long as you don't let your inner "critic" judge you.

#### EXAMPLE OF CREATING ART: MAKING A COLLAGE

Shanda created a collage by cutting a large rectangle from a cardboard box. She took a stack of old magazines, scissors and glue onto her patio and began to let her imagination roam. She cut out picture after picture of images that represented her abortion experience. She found a theme emerging. Her pictures revealed



things that her present life without a child might allow her to accomplish. She found images of traveling and completing her graduate degree. In one small area of the cardboard she also had depictions of girls crying and a tiny cross. She said that little corner represented where the abortion now fit in her life—one corner was enough.

### Exercise Thirteen: Creating a Ritual

Rituals are symbolic actions used to honor significant events. We often associate the word "ritual" with a religious act or a time for prayer, but we can find many well-known rituals in our everyday life. We celebrate birthdays with presents and a cake, on New Year's Eve we uncork champagne and sing "Auld Lang Syne," and on Thanksgiving we meet for a traditional meal.

Rituals can also be used to mark important passages in one's personal life or even to set apart special times and events. Many couples have anniversary rituals, and some people see Saturday morning as the time to sleep late, read the paper and have a nice breakfast—these are rituals.

Through the creation of a personal ritual, you can focus on the unique experience of your abortion and honor specific aspects of your healing. You might create a ritual to:

- say good-bye to the fetus;
- say good-bye to an old self-image;
- say good-bye to guilt;
- say good-bye to a lover;
- close the door on disappointment;
- resolve anger;
- reinforce spirituality;
- greet a richer inner self.

—Irvin D. Yalom  
*When Nietzsche Wept*

- say thanks for what the abortion allowed;
- apologize to the fetus;
- disempower the inner "critic";
- empower the inner "caretaker."

Here are eight elements you might consider when planning a ritual:

#### 1. The Right Space, Time and Light

Rituals can be conducted outside in the backyard, a forest, a meadow, by a lake or any other environment that feels right to you. They can be performed indoors in a private room, such as the den, while the kids are off at school.

The time of day, week or month may be significant to you.

Performing a ritual on the anniversary of your abortion, on the date nearest to conception of the fetus, or during your menstrual cycle might carry special meaning.

Whether it is night or day, candles can be a powerful element in creating the right ambience. The actual lighting of candles can also be part of the ritual, and sunlight or moonlight can give further meaning to the setting.

One is not born,  
but rather be-  
comes, a woman.

—Simone de Beauvoir  
*The Second Sex*

#### 2. Creating a Special Place

Having a special place to set meaningful objects used in a ritual or to focus your attention during a ritual may be important. It could be an elaborately embroidered cloth spread upon a table, a scarf on an upside-down cardboard box, or a palm frond placed upon the ground. Some women like to call this space their "altar."

#### 3. Special Clothing

Just as a bride wears a white dress, donning special clothing can affect your psyche. A favorite scarf or blouse might induce specific feelings and put you in the right mental state for your ritual.



## 4. Music

Music can be incorporated into a ritual. It can be prerecorded or created on the spot. Many women have meaningful songs that help move their attention into their hearts. Other women make their own sounds by humming a song, playing a favorite musical instrument, shaking a gourd or beating a drum.

## 5. Readings and Recitations

Art is a form of catharsis.

—Dorothy Parker

Poems, lyrics, journal entries and passages from beloved books can enhance ritual healing. You can read silently or aloud. Spontaneous words can also free your feelings and thoughts.

## 6. Special Objects

A favorite rock, a vase, a necklace, a feather or a shell are all special objects when they have personal significance to you. Some women also incorporate artwork or photographs.

## 7. Fragrances and Flowers

Incense, oils, spices and perfumes contribute to a ritual through the power of their aroma. Flowers not only offer a sweet smell—they are also beautiful. Specific flowers and scents may be chosen for their significance to you.

## 8. Drinks and Food

A special drink, such as spring water, fruit nectar or sweet wine, can amplify or sanctify a ritual. Foods such as nuts and fruits can be placed in a favorite dish and eaten during the ritual.

## EXAMPLES OF RITUALS:

*Example A*—In Japan, many women and men practice a ritual called *mizuko kuyo*, meaning an offering to a "water-child." Stones, representing the guardians of unborn children, are placed within a shrine. Women and men come to pour a ladle of water over the stones in an act of ritual cleansing meant to honor the fetus and bring peace to the mothers and fathers.

Diane, who had an abortion but felt the lack of cultural traditions to acknowledge it, tells us,

Henry and I were in Japan, and one of the places we were taken to was a Shrine for Unborn Children. It was very powerful to walk through this place. It was the first time I'd thought of my abortion in years. There were monuments, over and over again, to these unborn children and also small stones, like headstones, placed here and there. There was a little altar with a bamboo ladle. You could pour the water on top of a headstone. We performed the ritual. It was very purifying.

The preparation for the ritual is the ritual.

—Kate Green  
Shattered Moon

*Example B*—After Jessica's abortion she and her boyfriend, Alan, traveled to France. While in Paris they visited the Museum of Man, where they saw jars of preserved fetuses. Jessica tells us,

The experience was surprisingly upsetting, and I knew that there was more to my healing than I'd bargained for. Alan did not want to discuss his feelings, so I had to do something alone. One afternoon, after we returned to the U.S., I set up a small "altar" in my room when my parents weren't home. I lit candles and burned incense. I sang a song about a lost gypsy that I always liked and said good-bye to what I'd always called the "tissue." By the end, I was both sad and released. The ritual helped me so much that several years later, when I lost my brother, I did something very similar to say good-bye to him too.

*Example C*—Sharon and Richard went into psychotherapy after the termination of a Down's syndrome fetus. Unable to find solace, they decided that they would plant a tree for their lost child. Richard, a landscape designer, felt this would have particularly rich meaning for him. Sharon explains,

After the abortion, Richard and I and our two-year-old son went to visit my father and his wife. We wanted to plant a tree for the baby



we'd lost, but I wanted to make sure we planted it somewhere where it would be safe. I didn't want it to be cut down some day. We decided on the family farm because we knew the farm would always be there.

Richard bought two trees, one pink and one white flowering dogwood. We planted two trees because I wanted one to be for the lost baby and one for our son. I felt that one tree would be there to protect the other tree.

Life shrinks or expands in proportion to one's courage.

—Anaïs Nin

We didn't have anything written because it felt too hard to do. After we put the trees in the ground, my husband had things he wanted to say, he's wonderful with words. It was beautiful. We both cried. My son was there and my parents too. We gave each other hugs, and as I cried my stepmother told me, "Let it out, just let it all out." She said that when the first blooms came off the tree, she would send them to us.

Rituals such as those performed by Diane, Henry, Jessica, Sharon and Richard can mark a specific loss, decision, change or sacrifice. An abortion can be recognized and honored as one of the many changes we make in life.

If you desire to perform more than one ritual, do so. Most women choose to engage in a private ritual, but you may want to share it with a close friend, family member or spouse.

### Exercise Fourteen: Quiet Moments, Meditation and Prayer

Quiet moments can be a means to commune with the spiritual or a deep place inside yourself.

These moments, or meditations, can be simple or formal. You can take a blanket to the woods, sit beneath a canopy of trees and watch birds and squirrels until you feel a sense of calm. You may have a personal word, or mantra, that you

repeat until you feel the beating of your own heart and hear inner voices of reassurance and acceptance. Or you may breathe deeply many times while looking at a flower or a sunset.

You can contemplate the meaning of your abortion experience, silently speak to yourself about the time you had it, quietly converse with the fetus you released, or address your Higher Power. You might recite well-known religious prayers or you might write your own. The purpose is to put your abortion experience in a larger context.

In meditation, you may recognize aspects of yourself that are either consuming too much of your attention or are being overlooked. Is your inner "critic" totally forgetting that you chose an abortion to ensure that you would have enough money to feed your other children, or because you were sixteen years old, or because you couldn't tolerate the social stigma of a pregnancy out of wedlock or because you would have lost your job? Listen to the inner voices through meditation and hear which is the loudest and why. Later, you might go back and address the irate and errant voices through a journal letter.

Health is not a condition of matter, but of Mind.

—Mary Baker Eddy,  
Science and Health

### Exercise Fifteen: Reclaiming Your Body

Consider ways that you may have cut yourself off from your body since your abortion. Sometimes getting in touch with feelings through the body can be a very strong experience. If at any time during this exercise you feel overwhelmed, stop. Take a walk. Wait to do the exercise at a time you can be with a professional counselor or therapeutic bodyworker.

Lie on a bed or couch and simply be aware of your entire body. Begin by focusing attention on your toes and work your way up to the top of your head. Note any tension or physical discomfort. Contract your muscles in each of these areas and then, with a big exhale, let the tension drop away. After five minutes, pick up your journal and address the following questions:



1. Since your abortion, how has your body been different?
2. Is there a part of your body that has caused you the most concern?
3. Have you neglected to take care of your body since your abortion?
4. What things have you done to tend to your body?
5. What things would you like to do more often?
6. What part of your body makes you cry?

### *Alternative Healing Avenues*

Whether we are weaving tissue in the womb or pictures in the imagination, we create out of our bodies.

—Meinrad Craighead  
*The Mother's Songs:  
 Images of God the Mother*

If you desire, you can reach outside your own journal, family and circle of friends for professional therapeutic help. Individual psychotherapy with a trusted therapist has helped women, as have couples' therapy and group therapy. It is essential that you find and test the counselor or leader of such therapy in order to ascertain any bias or prejudice. A positive therapeutic experience fosters authentic self-knowledge and acceptance; it does not condemn or induce shame.

Many women recognize that they viscerally feel guilt, humiliation or anger. Sometimes these women have chosen hypnosis, breath work or therapeutic bodywork. In some parts of the country these health care disciplines have become very sophisticated. Women have told us that by identifying where they are holding tension and pent-up feelings in their muscles, they have been able to let go of the hurt—even if it meant crying endlessly session after session for a month.

The Twelve-Step Programs (Alcoholics Anonymous, Al-Anon, Codependents Anonymous, Overeaters Anonymous, etc.) have guided millions of people to their personal understanding of a Higher Power without shame. Personal insights gained in the Twelve-Step Programs may be helpful in aspects of abortion resolution too.

### *Transformation Is an Ongoing Process*

In our interview with Deneen, we asked her if there was anything she might want to share with other women who have had abortions. She says,

If you haven't looked at your feelings about your abortion, there are probably a lot of other things you haven't looked at too.

Deneen's advice reminds us that transformation occurs in many areas of our lives and that it is an ever evolving process. Just when we think we've arrived at wholeness, we learn something new about ourselves.

## Spiritual Care Supporting Documents

Source: Peg Johnston and Terry Sallas Merritt, *A Guide to Emotional and Spiritual Resolution after An Abortion* (n.d.), [www.pregnancyoptions.info/afterabortion](http://www.pregnancyoptions.info/afterabortion), (accessed on May 11, 2013).

### Appendix B: Formal Rituals from Various Religions and Traditions

*"Ritual is recognizing a life change, and doing something to honor and support the change."*  
Angeles Arrien, *The Four-Fold Way*

In the following section you will find rituals from many religions, cultures and spiritual beliefs. These events help the woman and her supporters acknowledge her loss and think about it in a way that respects her and helps her heal.

These ceremonies are quite formal and a strong part of the culture from which they came. Here, in our current culture, we do not have widespread recognition and support for women as they make pregnancy choices. It's nice to know that there are cultures that consider women as able to make good, moral choices. These ceremonies show deep commitment to women and respect for their experience.

Some of these rituals or ceremonies are quite lengthy. We may have printed only a portion here. You can find the entire ceremony in the on-line edition of this workbook (listed at the bottom of each page). You may find one of these formal observances feels 'right' to you. Or, you may choose to create your own honoring ceremony from what you read. As always, let your heart guide you.



#### Ceremony to Release Spirit Life

Source: *Taino Clan, Native American*

The woman who has spirit life within also knows the responsibility of motherhood. She does not accept this gift lightly. She knows that to accept motherhood is to make a commitment to insure the nurturing needed for that life to grow.

Sometimes a woman will find spirit life within her womb when she is not in a position to take on the nurturing responsibilities. The woman knows in her heart that the time is not now. She cannot sustain this new life. Then she asks for a ceremony of releasing spirit life.

There is a sadness, of course, at this releasing. But there is also honor. The woman expresses her thoughts as well as listening to the spirit voice within. She speaks with this spirit life many times. Spirit and woman are both in agreement with this separation. For the good of all, the spirit life gives itself away.

After a ceremonial bath with rose petals, the woman sings a song to honor the spirit life. She thanks the spirit for the lessons this situation has brought her. She lets the spirit life know that it is time to go back. She sings to her Grandmothers for their help in this process of change. She sings to her Guardian Spirit for strength and healing.

Finally the woman must dream the spirit life back to the Great Womb where all spirits go at the end of life. She becomes a manifestation of the Wild Mother, who calls us at the end of our Earthwalk. When she returns her awareness to the circle of women, they give her hugs and gifts of flowers or other things. Or, they brush her hair or wash her feet.

The path of each Earthwalk is exactly as long as we need it to be. Some of us have longer paths than others. For these young lives, there is always another opportunity at another time. Life begins... life ends....life begins again, all a part of the turning of the Great Spiral.



Taino Ritual, Caney Clan, Adapted from Songs of Bleeding by Spider, p. 138-141, 1992, Black Thistle Press 491 Broadway, New York, NY 10012 (212) 219-1988 \$15.00.

Permission granted. The Taino clan inhabited the island of Santo Domingo in the Caribbean when Columbus discovered the New World.



## Mizuko Jizo Ceremony for Water Babies

Source: *Buddhist, Japan*

**Buddhist Ritual for Stillborn, Miscarried, or Aborted Fetus**

In Japan, the **mizuko jizo** Buddha takes care of and represents stillborn, miscarried and aborted fetuses. Unique to Japan, the ceremonies surrounding the jizo were created and developed by women. Buddhists believe that babies who die in infancy, during miscarriage or abortion do not have a soul. They think they are in the "river that separates the world of life and death." They see them as "water babies" who need help to get to the other side. Jizo is the protector of travelers, helping the water babies get across the river from life to death, and be at peace. Over the centuries, the image of the mizuko jizo has changed, from a dignified, adult figure, to a serene looking monk-child with a Buddha smile. The jizo has a double purpose. The image both represents the soul of the deceased infant/fetus, and is also the deity who takes care of children on their otherworld journey. The ritual of honoring the fetus or stillborn is called **mizuko kuyo**. The word mizuko means "water child," or "deceased infant/fetus," and kuyo means "memorial service."

In Japan, water is both an acknowledgement of death and an expression of faith in some kind of rebirth. When the fetus or newborn dies, it goes from the warm waters of the womb to its former liquid state, in which it prepares itself for an eventual rebirth. Historically, mizuko were buried beneath the floorboards of houses, where they were thought to mingle with the water of natural springs, which then carried them to larger bodies of water beneath the surface of the earth, which held special significance as receptacles of life.

At Buddhist temples and in the countryside there are Jizo statues. A woman or a couple adopts one of these statues and inscribes a name on it. Then they dress it in red "bibs" (traditional clothing for Buddhist monks) or offer it toys or presents that they make. Sometimes they pour water on it to "quench its thirst." It's important to them not to forget the baby that died. They may visit the Jizo statue for many years and eventually bring its real life brothers and sisters to honor its memory.

The most common days for mizuko kuyo are during the three traditional holidays when offerings are made to ancestors: born in the summer and at the spring and summer equinoxes. The mizuko kuyo can be performed in different ways. Many Buddhist temples in Japan have special sections where a woman who can afford to may buy a tomb for her mizuko. The tomb consists of a stone, on top of which stands a carved figure of a jizo, generally wearing a red bib, and carrying a staff with rings or a stick with bells on top (which he uses to help the mizuko who can't yet walk). On the stone is written a kaimyo - a name given to a person after death.

These sites are not somber graveyards. In fact, they are often quite "happy" places. Some of the cemeteries are equipped with playgrounds for children. While the children play, women (and sometimes men) bow, observe moments of silence, and ladle water over the mizuko jizo in an act of ritual cleansing. At times they may light a candle or a few sticks of incense, decorate the tombs with flowers, pinwheels

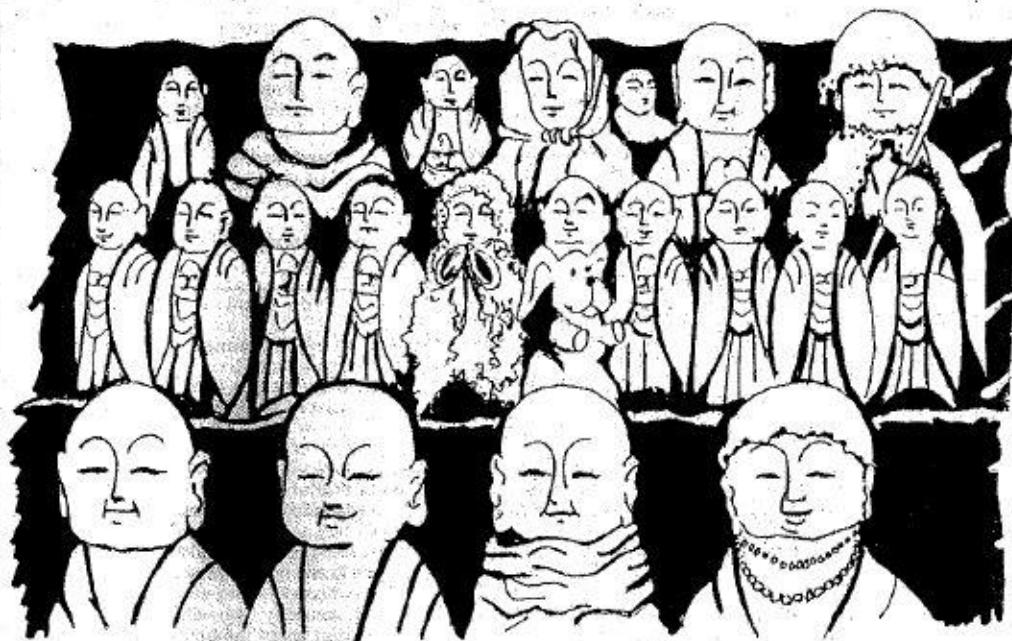
and other toys, drape garments over the jizo, and even erect umbrellas over his head to keep off the rain.

Another type of memorial service for fetuses involves the use of ema. Ema are wooden plaques, often with roof-shaped tops, that are hung by string in special areas of temples and shrines. Many ema carry prayers for, and messages to, aborted fetuses. These prayers and messages often take the form of Yasuraka ni nemutte kudasai (please sleep peacefully), or Gomen ne (please forgive me). Most of them are signed haha (mother), but sometimes the father, or the entire family, will sign as well.

The oldest form of memorial is maintained by women in communities, who tend to jizo shrines on street corners and roadsides. Women take turns putting out flowers, offering food, washing the statue(s), and lighting incense. Women passing them can stop for a short act of kuyo, or simply bow to the jizo.

Women can also perform the mizuko kuyo at home, in front of their ancestral shrines. First they buy a kaimyo from a priest, who will write the name on anihai, a mortuary tablet. The tablet is then placed in the ancestral alcove of the family, and given memorial services along with other ancestors. The fetus will be honored with reverential bows, and, in pious Buddhist homes, a prayer will be recited. This prayer, perhaps the Heart Sutra, the Kannon Sutra, or the Lotus Sutra, is made to both jizo and the fetus at the same time.

*In Japan, abortion is seen as a necessary sorrow, a painful social necessity, and a means for protecting what are felt to be "family values." Some Buddhists worry that abortions could become trivialized, which would lead to a hardening of people's hearts. The mizuko kuyo serves a positive, therapeutic role, keeping people in touch with their emotions and their loss.*





## A Ritual of Remembering and Release

*Source: Based on Christian and Adaptations of African-American Cultural Traditions  
Used for any loss that involved a choice*

This ritual may be used after any reproductive loss involving choice. The woman should be encouraged to bring two or three people to support her – her significant other, a friend, or parent(s). Before the ritual the clergyperson should ask the woman to name 3 to 5 of her strengths that she wants to remember and affirm on one piece of paper and on another piece of paper she should write 3 to 5 painful aspects of her life that she wants to release. A plant, water in a container (a wooden bowl or cup is ideal), a white candle, a glass or metal bowl (in which paper can be burned) should be gathered for the ritual and placed on a table. As the ritual begins, the clergyperson should place the list with the woman's strengths in her right hand and the clergyperson should hold the other list with the issues to be released until later in the ritual. *\*This ritual can be used with just the clergyperson and the woman. In that case, the clergy would read the parts designated for those assembled.*

**Clergyperson:** Remembering is a sacred and time honored task. One of the ways we heal our brokenness and embrace wholeness is to remember. Beloved, as we remember, know that God remembers us also. As a sign of remembering and to bless the memory of those who have gone before us, let us offer libations.

As water is poured onto a plant symbolizing the ground, the names of ancestors are called out. The woman is asked to name family members who are her ancestors and others who are present may do so also. After each name, those who are assembled respond by saying "Amen" or "Ashe" (a-shay) which is a Yoruba term that means "so be it." Following the offering of libations, the minister offers a prayer of thanks giving.

**Prayer:** God of ancestors and God who is parent of us all, we thank you for being present to us as we remember those who have gone before us. We thank you for the examples of courage and kindness and of perseverance and power. We thank you for the reminder that we are a part of the circle of life. We can learn from those who have gone before us and those who follow us will learn from us. As we seek healing and wholeness, help us to remember – to remember who we are and whose we are. Help us to remember our strengths and gifts. (Pause) Help us to remember that we are a gift and to remember the promise of God to be with us always. God remembers us and loves us. We stand in the power of our African tradition by remembering and we come in the name of Jesus asking to be remembered and to be held in love and grace of God. We pray this prayer, in the name of Jesus Christ, the ancestor of us all. And so it is. Amen and Amen.

**Woman:** Today, I remember. In remembering, I embrace my faith and African principles that empower me to choose. I choose because God has entrusted me with the power of choice. I choose for myself thereby I am living the principle of kujichagulia, one of the Nguzo Saba (The Seven Principles of Kwanzaa). Kujichagulia means self-determination. It teaches Black people to name themselves and their reality and to choose for themselves. I am naming my reality and choosing for myself.

**Assembly:** We bless you as you remember and as you call upon your faith and the principles that uphold you.

**Woman:** In this moment, I am remembering that somebody prayed for me, somebody had me on their mind and prayed for me. I am so glad they prayed for me.

(Silence)

In the fullness of this moment I remember my choices and the power of my own voice.

(Silence)

In this moment of remembering myself, I remember those who have gone before me. I hear the voices of my ancestors. I hear their cries and their laughter. I feel their pain and their joy.

(Silence)

In this moment I remember my strengths – they are gifts. I remember that I am a gift and I thank God.

(Silence)

In this moment, I remember God. I remember God's mercy, God's love and God's grace.

**Assembly:** We bless you for remembering. Without memory, we are left bereft of our place in the world. You are not alone.

**Clergyperson:** God calls upon us to remember our connectedness to God and one another. God also calls upon us to release our burdens – those challenges that would disconnect us from the peace God intends for us – those things that would weigh us down and oppress us. Jesus said, "Come to me, all who labor and are heavy laden, and I will give you rest." (Matthew 11:28) We can release all of our burdens to God – our doubts, fears, pain, anger, sadness, grief

\*(The list with the issues to be released should now be given the woman.)

**Woman:** I give my burdens to God. (Looking at her list) I release all things that might weigh me down or oppress my mind, body or spirit. I release all things in the name of Jesus. And so it is. Amen and amen. The list is placed in a bowl and burned.

**Assembly:** We bless you for releasing those things that would oppress you. For if God makes you free, you are free indeed.

**Clergyperson:** You have remembered your strengths, and those who have gone before you; you have remembered who you are and whose you are. Your faith and the voices of your ancestors call you to remembrance and to the freedom that comes from release and from captivity of any kind. You have remembered yourself. Continue to remember. You have released those things that would cloud your vision of yourself; you have released those things that would deceive you about your purpose and your promise. In the days ahead, should you lose focus, release anything that blocks your vision of yourself or God. In this moment, experience and hold in your heart the liberation and the love that comes from God. Amen.

*Prepared for the Religious Coalition for Reproductive Choice by the Rev. Dr. Alethea Roselyn Smith-Withers, Baptist minister, Washington, DC*

*Feel free to edit and use this as you deem appropriate. The ritual may be freely reproduced for the purpose of pastoral counseling only.*



## Liturgy Affirming a Choice Post-abortion

Source: Background by Diann Neu

*This liturgy affirms that a woman has made a good and holy decision. It provides strength and healing after making a difficult choice. It brings closure to an often intense and emotional process. It is intended to be celebrated with friends.*

### Preparation

Place on a cloth in the center of the circle: oil, symbols such as flower petals or dried flowers, and a bowl that will be given to the woman as a gift. Invite her to choose a favorite song, poem, reading or scripture verse for the ritual.

Invite the woman who has made the decision, (if appropriate) her partner, and supportive friends to gather for affirmation.

### Gathering

Welcome. Let us gather to affirm (name of the woman). She has made a difficult choice and she needs our support.

### Song

Play or sing a favorite, comforting song, one that the woman likes.

### Prayer

Let us pray. Blessed are you, Holy Wisdom, for your presence with (name of the woman). Praised be you, Mother Goddess and Father God, that you have given your people the power of choice. We are saddened that the life circumstances of (woman's name or, if appropriate, woman's name and her partner's name) are such that she had to choose to terminate her pregnancy. Such a choice is never simple. It is filled with pain and hurt, with anger and questions, but with also with integrity and strength. We rejoice in her attention to choice.

Our beloved sister has made a very hard choice. We affirm her and support her in her decision. We promise to stand with her in her ongoing life.

Blessed are you, Sister Wisdom, for your presence with her.

### Reading

Choose a poem, reading, or scripture verse that captures the message of the liturgy.

### Sharing

The celebrant invites the woman (and her partner) to speak about her (their) decision to have an abortion. If there is a symbolic gesture that expresses her (their) feelings, such as sprinkling flower petals, burning a rose, or sharing dried flowers, invite her (them) to incorporate it into the sharing.

### Blessing of (name of the woman)

(Name), we love you very deeply. As a sign of our affirmation of you and of your choice, we give you



this bowl and this oil. Oil soothes bones that are weary from making a difficult decision. Oil strengthens and heals. Oil... (add sentences that reflect what the woman spoke in her story.)

We bless you with this oil. Come, friends, take oil from the bowl and massage (the woman's name) hands, face, feet, neck, shoulder, and head. Close your blessings by embracing her.

(Name), the bowl is a tangible symbol of this day. When times are difficult and such days come to each of us, look at this bowl and remember our love for you. We bless you, (name of the woman) and promise to be with you on your way.

### **Closing Song**

Close the liturgy with a blessing song like the following "Blessing Song" © 1982 by Marsie Silvestro

Bless you my sister, bless you on your way.  
 You have roads to roam before you're home  
 And winds to speak your name.  
 So go gently my sister let courage be your song.  
 You have words to say in your own way  
 And stars to light your night.  
 and if ever you grow weary,  
 And your heart song has no refrain.  
 Just remember we'll be waiting  
 To raise us up again.

And we'll bless you our sister,  
 Bless you in our way.  
 And we'll welcome home all the life  
 you've known and softly speak your name.  
 Bless you our sister, bless you on your way.

*Text used with permission of the author:*

WATERwheel, Vol. 4, No. 4, Winter 1991-92, Diann Neu, Co-Director of WATER  
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## Healing From Abortion

Source: Jewish tradition

### Opening

The ritual begins with one woman inviting all to take a few deep breaths. She then begins a niggun (wordless melody). Participants stand in a circle.

### Creating Supportive Space

The "focus" woman, for whom the ritual is being conducted, steps into the center of the circle, with one or two women near her to hold her hand and comfort her, and says:

"Hinneni – Here I stand alone, as before, when I made my decision about childbearing in the uniqueness of my personal choice."

All other participants approach and tighten the circle around the "focus" woman to support her.

### Women say together:

You are not alone now. In aloneness you made your choice, and in community you will be sustained.

### Affirming One's Choices

**One woman says:** It is the blessing and the curse of being human that we have the capacity to make choices. Sometimes the choices are filled with pain, or it feels as though we have no choice at all. Nothing can make the ending of a pregnancy easy. We affirm you in your painful and difficult choice.

**Women say together:** Blessed are you, Creator of the Universe, who sustains us in times of decision. You have made it possible for us to consider with wisdom our lives and the lives of our loved ones, and you have granted us courage and intelligence to make choices about childbearing. As you have been with us in times of past decisions; so may you be with us today as we affirm the difficult decisions

\_\_\_\_\_ [and her family] has [have] made.

**"Focus" woman says:** Barukh attah adonai eloheinu melekh ha'olam, asher natan lasekhvi vina lhavhin bein yom uvein lailah.

I bless you, Holy One, Sovereign Spirit of the Universe, who has enabled me to distinguish between night and day, who has given me the ability to make wise choices.

**Women respond:** Amen.

### Sharing the Pain

**One woman says:** We know that there is deep sadness within you. We know that you feel loss and sorrow and regret. We mourn with you.

**"Focus" woman is invited to share her own words about her grief. She may also wish to express any regret, guilt, doubt, uncertainty, or resentment that arose while making the decision to terminate the pregnancy. The intention here is for the focus woman to be heard and to "let go".**

**Option A:** In the event of a medically-recommended abortion, one woman says: We know the Torah teaching: When we must choose between a being not yet born and the life of a mother, the choice is very clear. The being you were carrying could not be. No human hand caused this to happen; no human act could have allowed this being to emerge in health and wholeness. Still, in the shadow of such a choice, we feel small and limited and out of control.

**Women say together:** We who stand with you today are witness to the terrible choice that was no choice at all. We affirm you in choosing life. You made a choice, choosing life for you. We grieve with you over the loss of this seed of life, and we affirm your essence, as a person gifted with the ability to nurture other life- within yourself, in your love for others, and in your connections to family, friends, and community.

**One woman chants an adapted El Maleh Rahamim:** El maleh rahamim, shokhen bameromim, hamtze menuhah nekhonah tahat kanfei hashekhinah, et nishmat hatinoket/hatinok shelo noldah/nolad le'olameinu. Anna, ba'al harahamim, hastirehah/hastirehu b'eseter kenafekha le'olamim, utzeror bitzror hahayyim et nishmatah/nishmato, adonai hu nahalatah/nahalato, veyavi'eha/veyavi'ehyu leshalom. Venomar amen.

O God filled with womb-like compassion, who resides in the high places, grant perfect peace in Your sheltering Presence, to the soul of this being who was not born into our world. Please, compassionate Mother-God, shelter her/him beneath Your protective wings for all eternity and bind his/her soul to the Bond of Life. The Holy One is now his/her home and will bring her/him eternal peace. And let us say, Amen.

**Option B: In the event of a decision to terminate the pregnancy for reasons other than medical**

**Women say together:** May You who share sorrow with Your creation be with \_\_\_\_\_ now as she experiences the loss of potential life. We are sad as we think of her painful decision, and support her as she and we imagine what might have been.

Life is a fabric of different emotions and experiences. Now, O God, while \_\_\_\_\_ experiences life's bitterness and pain, be with her and with us, and sustain us. Help us to gather strength from within ourselves, from each other, and from our wider community. Blessed are You, Divine Presence, who shares sorrow with Your creation.

**Affirming One's Self**

(After option A or B continue here)

**"Focus" woman says:** Elohai, neshamah shenatatta bi tehorah hi. Attah veratah, attah yetzartah, atah nefahtah bi, ve'attah meshammerah bekirbi<sup>9</sup>

My God, the soul You have given me is pure. You created it, You formed it, You breathed it into me. I know that I am created b'tzelem elohim, that a divine spark resides within me. I know that I am free to make choices – about my body and my future. I have made my choices, painful as they may be, in harmony with the divinity that dwells within me. I affirm my freedom, I affirm my self, and I honor my choices in the face of enormous complexity and still-lingering questions.

Barukh attah adonai, she'asani ishah. Barukh attah adonai, she'asani bat-horin.

I bless You, Holy One, who has made me a woman. I bless You, Holy One, who has made me free.

**Surviving and Being Thankful**

**"Focus" woman says:** The Holy One "heals the broken in heart and binds their wounds" (Ps.147:3)

I have survived a sad journey – with peril to both body and soul. I thank You for sustaining me and bringing me through the peril in wholeness.

**"Focus" woman reads or sings (Hebrew or English, as is comfortable for her) Birkat Hagomel (dedicated to Ira Silverman, of blessed memory) Hebrew and English are both to be sung to the melody of the traditional American folk song, "The Creole Girl"**

Avarekh et ein hahayyim yotzerert tov vara. Akaddesh et hei ha'olam yotzer afelah ve'orah. Avarti begei tzalmavet ve'attah immadi. Modah ani lakh shehehezartini beshalom.

I shall bless the Source of Life who fashions good and evil. I shall bless the Holy One who brings dark and light to all people. For I have walked in the valley of the shadow of death. And You, You were with me then, with every painful breath.

### **Seeking Healing**

**"Focus" woman moves from her place in center of circle. All women greet and embrace her. They respond to her Birkat Hagomel by repeatedly chanting in Hebrew Moses' prayer for Miriam's healing, as long as the power of the chant moves them:**

El na refa na lah El na refah na lah

Please God, heal her please. Please God, heal her please. Please God, heal her please.

Please God, heal her please. (Numbers 12:13)

**Chanting subsides and women flow right into singing Debbie Friedman's adaptation of a traditional prayer for healing:**

### **Mi Shebeirach**

"Mi shebeirach imoteinu

M'kor habrachah l'avoteinu"

May the source of strength

Who blessed the ones before us,

Help us find the courage

To make our lives a blessing,

And let us say, Amen.

"Mi shebeirach avoteinu

M'kor habrachah l'imoteinu",

Bless those in need of healing

With r'fua shleimah

The renewal of body,

The renewal of spirit,

And let us say, Amen.

**After a moment of silence, one woman says:** "Thank you all for sharing your love and support with \_\_\_\_\_ at this difficult time."

*Rabbi Leila Gal Berner. In Lifecycles: Jewish Women on Life Passages & Personal Milestones, Vol. I, ed. Rabbi Debra Orenstein, Jewish Lights Publishing, Woodstock, Vermont, 1998, pp. 127-132 Reprinted here with permission of the author. It may be freely reproduced for the purpose of pastoral counseling only.*



## Ritual for Hispanic Catholic Women Needing Resolution

© by Anne Baker, Hope Clinic for Women

### Objects Needed:

- An image of Mary of your choosing: a medal, picture, small statue
- a candle (blessed or unblessed) and "holy water" or plain water in a small bowl
- some object to represent the child's soul, perhaps the ultrasound picture
- favorite hymn to Mary playing in the background
- purple scarf or cloth to wear as veil or head covering
- a small box

Others who are joining you in the ritual can also wear a purple scarf over the head or shoulders. Everyone makes the sign of the cross with holy water to begin the ceremony. Recite: "We are here with \_\_\_\_\_ (her name) to ask that this veil of sorrow be lifted from her and from us as we link together to release her child's soul into the loving arms of our Blessed Mother. Mary, Holy Mother of us all, hear our friend/sister/daughter's prayer."

### Prayer to Mary

O Mary, Holy Mother of us all,  
You know what it is like to have to let  
go of a child.

O Lady of Sorrows, you know the sadness  
Of having to see your child suffer  
In a world that can be cruel.  
And, in losing your Son  
To death on the cross,  
You found there was resurrection and life:  
The body dies, but the spirit lives on.

I have faith through your example and of your Son  
That souls never die:  
There is eternal life, peace, and joy.  
O Mary, loving Mother,  
May you receive the soul of my never-born child.  
Keep him or her safe under your wing.  
I entrust my child's soul into your hands,  
Knowing he or she is safe and at peace,  
Embraced by your love.

O Mary, sweetest Mother, tell my child  
How much I love him or her, and that with  
Jesus' infinite mercy and compassion,  
We will be rejoined one day in heaven.

Pray for me that I may have steadfast faith  
In Jesus' ever-loving presence in my life,  
Now and forever. Amen.

### Oracion a Maria

Oh Maria, Bendita Madre nuestra.  
Tu sabes lo que se siente el tener  
que dejar ir a un hijo.

Oh Senora del Socorro, tu sabes la tristeza  
Que se siente al tener un hijo que sufre  
En un mundo que puede ser cruel.  
Y al perder a tu Hijo a la muerte en la cruz,  
Tu encontraste que existe la resurreccion y la vida:  
El cuerpo muere, pero el espiritu continua viviendo.

Tengo fe a traves de tu ejemplo y el de tu Hijo,  
De que el alma nunca muere:  
Que hay vida eterna paz, y alegria.  
Oh Maria, Madre amorosa,  
Recibe el alma de mi nino(a) en tus manos,  
Sabiendo que el, o ella, esta a salvo y en paz,  
Abrazado(a) por tu amor.

Oh Maria, dulcisima Madre, dile a mi nino(a)  
Cuento lo(a) amo,  
Y que por la infinita piedad y compasion de Jesus,  
Algun dia nos volveremos a reunir en el cielo.

Ora por mi para que tenga una fe firme  
En la amorosa y constante presencia  
de Jesus en mi vida  
Ahora y para siempre. Amen.



## A Pagan View of Pregnancy Decisions

Adapted from *"What would the Goddess say? A Pagan approach to Abortion"*  
by Beth Goldstein

Paganism is a pre-Christian tradition that believes that all life-- humans, animals, plants, the earth-- are part of a Web. When we make difficult choices we look at many things: where we are in our lives, what our relationships are like, how good our support is, how old we are, our financial situation, our family, our spiritual beliefs, our hopes, our dreams, our fears etc. As pagans, we honor the web and understand that we are all connected by and to one another. We consider the entire web, but our greatest attention naturally falls on our own part of the web.

Pagans tend to believe that souls can move from one body to another. So, abortion shuts a door, but that door is only one among many. That is not something to be taken lightly, and this soul is considered part of the web. Like most other spiritual people, Pagans tend to believe that the big events in our lives have "karmic" meaning. A pregnancy can carry all sorts of messages, which may be best served by opting in favor of abortion, adoption or a baby.

What is the lesson of the pregnancy? We ought to approach a pregnancy decision with an awareness of the web, and with love and self-acceptance. Ideally, you would have three rituals, the first to help make the decision, the second after the decision has been made and the third a year and a day after the decision, to complete the cycle.

The first ritual is to help you make a decision in line with karma, and with the involvement of the divine. That means acting from your highest motivations and being open to what The Gods say. Your highest motivation may be about family or your education or career--whatever is important to you. The second ritual acknowledges whatever your decision is, and thanks The Gods for their participation and their blessings. It also includes discussing the decision with the soul associated with the fetus, thanking it for the life lesson and asking its blessings. Whatever the decision, it is important to realize that its effects are lifelong. Therefore, it is useful to perform a third ritual, a year and a day after the first one to acknowledge this effect. The third ritual should recognize the karmic message and thank The Gods for the blessing of this life lesson.

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## Religious Groups' Official Positions on Abortion

ANALYSIS January 16, 2013

### American Baptist Churches in the U.S.A.

Recognizing the different views on abortion among its members, the American Baptist Churches' General Board encourages women and couples considering the procedure "to seek spiritual counsel as they prayerfully and conscientiously consider their decision." Though the board opposes abortion "as a primary means of birth control," it does not condemn abortion outright.



- [American Baptist Resolution Concerning Abortion and Ministry in the Local Church](#) (PDF)

### Buddhism

There is no official position on abortion among Buddhists, although many Buddhists believe that life begins at conception and that killing is morally wrong. In Japan, where there is a large Buddhist population, abortions are commonly practiced and often involve the Buddhist tradition of *mizuko jizo*, in which aborted fetuses are thought to be led to the land of the dead.

- [BBC Religion & Ethics: Buddhism and Abortion](#)
- [The New York Times](#), "In Japan, a ritual of mourning for abortions" (Jan. 25, 1996)

### Catholicism

In accordance with its widely publicized anti-abortion teachings, the Catholic Church opposes abortion in all circumstances and often leads the national debate on abortion.

- [United States Conference of Catholic Bishops: Resources on Abortion](#)
- [Abortion and Catholic Social Teaching](#) (2007) (PDF)

### Church of Jesus Christ of Latter-day Saints

The Church of Jesus Christ of Latter-day Saints teaches that "elective abortion for personal or social convenience is contrary to the will and the commandments of God." Therefore, the church says, any facilitation of or support for this kind of abortion warrants excommunication from the church. However, the church believes that certain circumstances can justify abortion, such as a pregnancy that threatens the life of the mother or that has come about as the result of rape or incest.

- [Church of Jesus Christ of Latter-day Saints: Gospel Library: True to the Faith: Abortion](#) (2004)

### Episcopal Church

While the Episcopal Church recognizes a woman's right to terminate her pregnancy, the church condones abortion only in cases of rape or incest, cases in which a mother's physical or mental health is at risk, or cases involving fetal abnormalities. The church forbids "abortion as a means of birth control, family planning, sex selection or any reason of mere convenience."

- [The Archives of the Episcopal Church: The Acts of Convention 1976-2009: 16 abortion-related resolutions](#)
- [Episcopal News Service](#), "Episcopalians show support for reproductive freedom at march" (April 27, 2004)

### Evangelical Lutheran Church in America

#### In this research package

[Roe v. Wade at 40](#)  
A look at U.S. public opinion on abortion.

[Public Opinion on Abortion Slide show](#)  
A series of graphics that illustrate how opinion differs among various demographic groups.

[Abortion and the Supreme Court](#)  
The constitutional dimensions of the abortion debate.

[Religious Groups' Official Positions on Abortion](#)  
A breakdown of 17 major religious groups' views on abortion.



The official position of the Evangelical Lutheran Church in America states that "abortion prior to viability [of a fetus] should not be prohibited by law or by lack of public funding" but that abortion after the point of fetal viability should be prohibited except when the life of a mother is threatened or when fetal abnormalities pose a fatal threat to a newborn.

- [Evangelical Lutheran Church in America Social Statements, Abortion](#)

## Hinduism

Unless a mother's health is at risk, traditional Hindu teachings condemn abortion because it is thought to violate the religion's teachings of nonviolence. The general value system of Hinduism teaches that the correct course of action in any given situation is the one that causes the least harm to those involved.

- [BBC Religion & Ethics, Hinduism and Abortion](#)

## Islam

Although there are different opinions among Islamic scholars about when life begins and when abortion is permissible, most agree that the termination of a pregnancy after four months - the point at which, in Islam, a fetus is thought to become a living soul - is not permissible. Many Islamic thinkers contend that in cases prior to four months of gestation, abortion should be permissible only in instances in which a mother's life is in danger or in cases of rape.

- [BBC Religion & Ethics, Sanctity of Life, Islamic Teachings on Abortion](#)
- [Al-Mawrid: A Foundation for Islamic Research and Education, Abortion \(Oct. 13, 2009\)](#)
- [Los Angeles Times, "Abortions on the rise in Mideast" \(June 29, 2008\)](#)

## Judaism

Traditional Jewish teachings sanction abortion as a means of safeguarding the life and well-being of a mother. While the Reform, Reconstructionist and Conservative movements openly advocate for the right to safe and accessible abortions, the Orthodox movement is less unified on the issue.

- [Union for Reform Judaism, Ask the Rabbi, Frequently Asked Questions, Abortion](#)
- [The Rabbinical Assembly, Resolution on Reproductive Freedom in the United States \(Conservative movement\)](#)
- [Jewish Reconstructionist Movement, JRF Statement on Reproductive Rights](#)
- [Slate, "What Do Orthodox Jews Think About Abortion and Why?" \(Aug. 25, 2000\)](#)

## Lutheran Church-Missouri Synod

The Lutheran Church-Missouri Synod states that "[s]ince abortion takes a human life, it is not a moral option except to prevent the death of ... the mother."

- [The Lutheran Church-Missouri Synod, What About Abortion \(PDF\)](#)
- [Lutheran Church Missouri Synod, Resource Page on Abortion](#)

## National Association of Evangelicals

The National Association of Evangelicals has passed a number of resolutions (most recently in 2010) stating its opposition to abortion. However, the organization recognizes that there might be situations in which terminating a pregnancy is warranted – such as protecting the life of a mother or in cases of rape or incest.

- [National Association of Evangelicals, Sanctity of Life](#)
- [Abortion 2010: Resolution Adopted by NAE Board of Directors](#)
- [Abortion 1973: Resolution Adopted by NAE Board of Directors](#)

### **National Council of Churches**

Because of the diverse theological teachings of its member churches, the National Council of Churches does not have an official position on abortion. The NCC instead seeks to provide a space where members can come together and exchange views.

- [National Council of Churches Policy Statements, Resolutions, Messages and Documents](#)

### **Presbyterian Church (U.S.A.)**

In 2006, the Presbyterian Church's national governing body, the General Assembly, reaffirmed its belief that the termination of a pregnancy is a personal decision. While the church disapproves of abortion as a means of birth control or as a method of convenience, it seeks "to maintain within its fellowship those who, on the basis of a study of Scripture and prayerful decision, come to diverse conclusions and actions" on the issue.

- [Presbyterian Mission Agency, Abortion Issues](#)

### **Southern Baptist Convention**

In a 1996 resolution on partial-birth abortion, the Southern Baptist Convention reaffirmed its opposition to abortion, stating that "all human life is a sacred gift from our sovereign God and therefore ... all abortions, except in those very rare cases where the life of the mother is clearly in danger, are wrong."

- [Southern Baptist Convention Resolutions, 17 abortion-related resolutions](#)
- [Southern Baptist Convention Resolutions, Resolution on the Partial-Birth Abortion Ban](#)

### **Unitarian Universalist Association of Congregations**

Beginning in 1963, the Unitarian Universalist Association of Congregations passed a series of resolutions to support "the right to choose contraception and abortion as a legitimate expression of our constitutional rights."

- [Unitarian Universalist Association of Congregations, Proposed Current Study/Action Issues: Reproductive Justice, Social Witness Statements on Abortion](#)
- [Unitarian Universalist Association of Congregations, Social Justice Statements, Right to Choose: 1987 General Resolution](#)

### **United Church of Christ**

The United Church of Christ is a firm advocate of reproductive rights, including the right to a safe abortion.

- [United Church of Christ General Synod Statements and Resolutions Regarding Freedom of Choice \(PDF\)](#)
- [United Church of Christ Statement on Reproductive Health and Justice \(PDF\)](#)



## United Methodist Church

While the United Methodist Church opposes abortion, it affirms that it is “equally bound to respect the sacredness of the life and well-being of the mother and the unborn child.” The church sanctions “the legal option of abortion under proper medical procedures” but rejects abortion as a method of gender selection or birth control and stresses that those considering abortions should prayerfully seek guidance from their doctors, families and ministers.

- [United Methodist Church, Abortion: Overview](#)
- [United Methodist News Service, "Church tackles difficult subject of abortion" \(May 2, 2008\)](#)

Read more on: [Abortion](#), [Religious Affiliation](#), [Christian](#), [Jewish](#), [Muslim](#), [Americas](#), [Other Affiliations](#)

### Related Content from The Pew Forum

- [Support for Abortion Slips](#) (October 1, 2009)
- [Pro-Choice Does Not Mean Pro-Abortion: An Argument for Abortion Rights Featuring the Rev. Carlton Veazey](#) (September 30, 2008)
- [Fundamental Dignity at Every Stage of Life: An Argument Against Abortion Rights Featuring the Rev. J. Daniel Mindling](#) (September 30, 2008)

### LATEST FROM **PewResearch.org**

- [Cuomo's Proposal Aims to Protect Late-Term Abortion Access in NY](#) (June 04, 2013)
- [Inside the 2012 Latino Electorate](#) (June 03, 2013)
- [Newsweek's Decline Leads to Talk of Sale](#) (June 03, 2013)



## PERSPECTIVES

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## Prayers &amp; Sermons

A Sermon for Christian Congregations  
Scripture - Mark 5:21-43

Some time ago, a woman called the Religious Coalition for Reproductive Choice, looking for pastoral counseling. She was 12 weeks pregnant, had a heart condition, was diabetic, and was now on bed rest. The doctor told her that the fetus probably would not make it to term, and there was a strong possibility that she might not, either. She had to make a decision about having an abortion within the week. An abortion any later would be dangerous for her, possibly life-threatening. She came to the Religious Coalition, asking for advice and counseling, and also wanting to know if God would ever forgive her if she "killed the baby."

Many, many women who consider abortion go through the same religious questioning and trauma that this woman experienced, sometimes supported by the love of their partners and family members but often without that support. Stories such as these are doubly tragic not only because of the terrible situations women find themselves in but also because women so often are unable to find comfort in their faith, instead seeing their faith as a source of fear, guilt, and rejection. They are too often unaware that their faith can be a source of comfort, love, compassion, and strength.

The gospel narratives show Jesus as compassionate, forgiving and healing—especially to those in great distress. In the stories from the 5th chapter of Mark we see Jesus even willing to heal under duress, such as when a very ill woman startles him by touching his clothing. According to the laws and practices of the time, Jesus had every reason to ignore her, indeed to stay far away from her. Not only was she a woman, but she had been bleeding for 12 years, making her perpetually unclean. Unable to get control of her own health, she undoubtedly lived at the extreme margins of the society because everyone would be squeamish about having contact with her. Jesus had every right to reject her and rebuke her for what she did, but instead he called her "Daughter" and brought healing to both her body and her spirit. As people who follow Jesus, that's what we should be doing as well—bringing healing and wholeness to those in distress.

The Religious Right would like the American public to believe that to be religious is to be anti-choice. In reality, religious leaders worked toward legalizing abortion for years before *Roe v. Wade*. In the 60s, horrified by the injuries and death suffered by women around the country due to illegal, unsafe abortions, religious leaders responded as people of faith and conscience must. Reverend Howard Moody and Arlene Carmen organized the first Clergy Consultation Service in New York City, a network of clergy who agreed to help women gain access to safe abortion providers. Similar services soon developed throughout the country, and provided thousands of referrals for abortions that were necessary but illegal prior to the *Roe* decision.

Many Christians avoid thinking or talking about abortion because it makes them squeamish. But abortion is a topic that we must talk about from time to time, even in the church. And it is a topic that is directly related to freedom, especially religious freedom.

All of us, regardless of our denomination, have an interest in protecting the integrity of the First Amendment guarantee of freedom of religion, which says, "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof." Without this guarantee, we would be in danger of losing a most fundamental human right,

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living out our faith only with the permission of whoever could gain official sanction for their religious views. And at the center of religious freedom is keeping the government out of personal moral decisions such as terminating a pregnancy.

I want to acknowledge that some Christians believe that life begins at conception and therefore abortion is wrong. They are entitled to that perspective, even though both the biblical basis and the historical basis for it are flimsy. However, having said that they are entitled to that view, we must also acknowledge that millions of Christians—indeed a majority of Protestants in this country—have a different view, believing instead that a fertilized egg is potential life but not actual life. These Christians hold that the life, health, freedom, and moral agency of the pregnant woman are more important than the potential life in her womb. The religious liberty that lies at the bedrock of our free society provides a basis for people with these competing beliefs to live together in one society, assured—we hope—that government will not choose sides.

On January 22, 2004, we observe the 31st anniversary of the landmark Supreme Court decision *Roe v. Wade*, which made abortion legal in this country. And as we observe, we celebrate—not because abortion is terrific or wonderful, but because women have the ability to make health care decisions for themselves, and as a result, women's lives are saved.

According to fact sheets from Planned Parenthood and the Center for Reproductive Rights, in the pre-*Roe* year 1965, abortion was so unsafe that 17 percent of all deaths due to pregnancy and childbirth were the result of illegal abortion. It is estimated that illegal abortion led to between 5,000 and 10,000 deaths per year. Today, abortion is 11 times safer than childbirth. Legal abortion has been associated with decreases in both maternal and infant mortality. According to one estimate, 1,500 pregnancy-related deaths were prevented in 1985 alone, because women were able to obtain abortions for difficult pregnancies.

We also celebrate this anniversary because we embrace the value of full equality for women, and we recognize that true equality can only be fully realized if women have control over their own reproductive lives. Justice Harry Blackmun, who wrote the majority decision in *Roe*, recognized this. He called the decision "a step that had to be taken as we go down the road toward the full emancipation of women."

Unfortunately *Roe v. Wade* came under attack almost from the moment it was decided. Today, 31 years later, *Roe v. Wade* is still under attack and is in real danger of being overturned, or so seriously undermined as to be de facto non-existent. Largely due to the efforts of the Religious Right, *Roe v. Wade* has been compromised and diluted and currently hangs by a judicial thread.

The First Amendment guarantee of religious freedom was eroded by the Religious Right's efforts to have its narrow view of when life begins become the law of the land, as in the 1989 Supreme Court case, *Webster vs. Reproductive Health Services*. This restrictive abortion law passed in Missouri contained in its preamble the statement that life begins at conception. The Supreme Court allowed that statement to stand in the preamble. Many religious, God-fearing people have a different view. Thus, the *Webster* decision struck at the very heart of the Constitutional guarantee regarding the separation of church and state, as it enshrined into law a religious belief held by some, but by no means all, Americans. Similar attempts by the Religious Right to enshrine in law their idea about the morality of abortion threaten to strip away once and for all our right to believe and practice our own faith.

*Roe* has been undermined in a host of different ways. In 1992, the Supreme Court decided, in *Planned Parenthood of Southeastern Pennsylvania v. Casey*, that states could impose restrictions on access to abortion, as long as these restrictions did not pose an 'undue burden' on women's rights to reproductive freedom. This has opened the floodgates to all kinds of restrictive and even punitive laws, including waiting periods, so-called informed consent laws by which women are made to listen to false and misleading information on abortion that is designed to discourage them from making this choice, and parental consent and parental notification laws, designed to make it extremely difficult for a minor to obtain an abortion.

These are just some of the legal barriers placed on a woman's right to choose. The facts on the ground are in some ways even more disturbing. Today, 87 percent of counties in the United States have no abortion provider at all. And the population of doctors who are willing and trained to perform abortions is aging, with few young doctors being trained to take their places. Religious institutions are taking over public hospitals and HMOs and imposing their religious views on abortion, contraception, and sterilization on the general population whom the hospitals serve, often resulting in an end to these reproductive

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health services.

The latest, and in some ways most egregious, of the legal challenges to Roe is the so-called Partial Birth Abortion Ban, which President Bush has signed into law and which is being challenged in the courts. The rhetoric surrounding the debate on this law would have us believe that thousands of women, up to the final moments of pregnancy, are deciding on a whim to terminate their pregnancies and are obtaining abortions. This caricature is nonsense. In fact, 88 percent of abortions occur in the first 12-13 weeks of pregnancy. According to the National Abortion Federation, "Women have access to abortion in the third trimester only in extreme circumstances. Fewer than 2 percent of abortions are performed 21 weeks or after, and they are extremely rare after 26 weeks of pregnancy, generally limited to cases of severe fetal abnormalities or situations when the life or health of the pregnant woman is seriously threatened."

In reality, this legislation arose from a deceptive and corrupt misinformation campaign to inflame the public, confuse the media, criminalize doctors, and strip women of their ability to make medical decisions. Thirty-one years after Roe v. Wade, it should be unthinkable that a doctor could be prosecuted as a criminal for performing an abortion procedure, yet that is what would happen under this bill. The absence of a health exception makes it clear that the purpose of this legislation is to undermine the legality of all abortions throughout pregnancy, not to outlaw some procedures.

In 2000, the Supreme Court struck down a similar bill in Nebraska, in the case known as Stenberg v. Carhart. The vote was 5-4. This 5-4 vote in Stenberg is an ominous sign for Roe's future. The Supreme Court is only one vote away from overturning Roe, which would be one of the most radical actions taken in the history of the Court. Without Roe, life for American women would be thrown more than 30 years in reverse, returning them to the days when women could not fully control the number and spacing of their children. Without Roe, women will be forced to carry fetuses to full term - even when those fetuses have no brain, no limbs, no heart.

It is our responsibility as Christians who believe that God has given freedom to all of us - including women - to do all in our power to keep Roe as the law of the land. You may not choose to have an abortion yourself, but the right of women to obtain an abortion when

needed is a right you should care about strongly. We must speak out, we must vote, we must march, picket and protest. We must let our lawmakers know that we will not allow them to take us back to the days of back-alley abortions that threaten women's health and even their very lives.

Abortion is a difficult subject, but it does not arise in a vacuum, and we should never try to think about it in a vacuum. How we think about abortion is inextricably linked to the core values of our faith. Jesus' life among us demonstrated God's compassion and love for every person, as well as God's deep desire for justice and health to prevail. Jesus' teachings emphasized the religious freedom and moral agency of each person, male or female. Thus I believe that we are called by God to be active in the struggle to preserve and enhance reproductive choice for all people. As Christians who strive to follow Jesus, we can and must be both compassionate and pro-choice.

FORWARD TO A FRIEND 



## PERSPECTIVES

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## Prayers & Sermons

### A Sermon for Jewish Congregations

A few years ago, a woman called the Religious Coalition for Reproductive Choice, looking for rabbinic counseling. A divorced mother of two teenage sons, she was an active member of her local Jewish community, attended the Conservative synagogue regularly, and studied with a local Orthodox rabbi. She had had an abortion the previous week, at six weeks of pregnancy. She was very concerned that people in the small Jewish community would find out and disapprove. Her comment when speaking to the rabbi at the Religious Coalition was that, while it had always been her custom to light the Shabbat candles every Friday night, on that previous Friday night she did not because she did not feel "clean enough."

As a rabbi, that story is particularly poignant, because of that woman's pain and also because it points up to me what a bad job we rabbis have done in educating the Jewish community about Judaism's position on abortion. For the reality is, Judaism has always allowed for the possibility that abortion may, in some circumstances, not only be the best choice for a woman to make, but also may be the only possible choice for her to make. For the Mishnah says, in Oholei 7.6:

"If a woman has (life-threatening) difficulty in childbirth, one dismembers the embryo within her, limb by limb, because her life takes precedence over its life. Once its head has emerged, it may not be touched, for we do not set aside one life for another."

Rabbinic commentators from the Middle Ages and into modern times agree that therapeutic abortion is not only warranted, it is actually mandated in Jewish law in cases in which the mother's life is at stake. For while the fetus is considered potential life-precious and sacred-it is not of equal status with the actual life of the woman, and therefore fetal life cannot take precedence over the existing life of the woman. As Rabbi Moses Sofer, the 19th Century scholar, wrote, "no woman is required to build up the world by destroying herself."

The Religious Right would like the American public to believe that for one to be religious, one must necessarily also be anti-choice. In reality, many religious leaders worked toward legalizing abortion long before *Roe v. Wade*. During the 1960s, horrified by the injuries and death suffered by women around the country due to illegal, unsafe abortions, they responded as people of faith and conscience must. Reverend Howard Moody and Arlene Carmen organized the first Clergy Consultation Service in New York City, a network of clergy who agreed to help women gain access to safe abortion providers. Similar services soon developed throughout the country.

It was during this time that the progressive movements within Judaism began to advocate for a liberalization of abortion laws. Because Jewish law and tradition allows for abortion, it becomes a matter of religious freedom for American Jews that the secular government not be involved in these personal moral decisions. This one sentence in the United States Constitution, "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof," has been the foundation of the success of the Jewish community in this country. Without this guarantee, we would be mere guests in this country, as we have been in so many other countries throughout our history, living at the sufferance of the rulers and of our neighbors.



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On January 22, 2004, we observe the 31st anniversary of the landmark Supreme Court decision *Roe v. Wade*, which made abortion legal in this country. As Jews, we celebrate this anniversary because the result of this decision is that women's lives have been saved. And in Judaism, there is no higher value than *pikuach nefesh*, saving a life. According to fact sheets from Planned Parenthood and the Center for Reproductive Rights, in 1965, abortion was so unsafe that 17 percent of all deaths due to pregnancy and childbirth were the result of illegal abortion; it is estimated that illegal abortion led to between 5,000 and 10,000 deaths per year. Today, abortion is 11 times safer than childbirth, and legal abortion has been associated with decreases in both maternal and infant mortality. According to one estimate, 1,500 pregnancy-related deaths were prevented in 1985 alone.

We also celebrate this anniversary because, as liberal Jews, we embrace the value of full equality for women, and we recognize that true equality can only be fully realized if women have control over their own reproductive lives. Justice Harry Blackmun, who wrote the majority decision in *Roe*, recognized this. He called the decision "a step that had to be taken as we go down the road toward the full emancipation of women."

*Roe v. Wade* came under attack almost from the moment it was decided. Today, 31 years later, *Roe v. Wade* is still under attack and is in real danger of being overturned, or so seriously undermined as to be de facto non-existent. Largely due to the efforts of the Religious Right, *Roe v. Wade* has been compromised and diluted and currently hangs by a judicial thread.

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*Roe* has been undermined in a host of different ways. In 1992, the Supreme Court decided, in *Planned Parenthood of Southeastern Pennsylvania v. Casey*, that states could impose restrictions on access to abortion as long as these restrictions did not pose an 'undue burden' on women's rights to reproductive freedom. This has opened the floodgates to all kinds of restrictive and even punitive laws, including waiting periods, informed consent laws by which women are made to listen to false and misleading information on abortion that is designed to discourage them from making this choice, and parental consent and parental notification laws, designed to make it extremely difficult for a minor to obtain an abortion.

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The latest, and in some ways most egregious, of the legal challenges to *Roe* is the so-called Partial-Birth Abortion Ban, which President Bush has signed into law and which is being challenged in the courts. The rhetoric surrounding the debate on this law would have us believe that thousands of women, up to the final moments of pregnancy, are deciding on a whim to terminate their pregnancies and are obtaining abortions. In fact, 88 percent of abortions occur in the first 12-13 weeks of pregnancy. According to the National Abortion Federation, "Women have access to abortion in the third trimester only in extreme circumstances. Fewer than 2 percent of abortions are performed 21 weeks or after, and they are extremely rare after 26 weeks of pregnancy. Very few abortions are provided in the third trimester, and they are generally limited to cases of severe fetal abnormalities or situations when the life or health of the pregnant woman is seriously threatened." In reality, this legislation arose from a deceptive and corrupt misinformation campaign to inflame the public, confuse the media, criminalize doctors, and strip women of their ability to make medical decisions. Thirty-one years after *Roe v. Wade*, it should be unthinkable that a doctor could be prosecuted as a criminal for performing an abortion procedure, yet that is what would happen under this bill. The absence of a health exception makes it clear that the purpose of this legislation is to undermine the legality of

